HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any does no please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funera director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours, after death.

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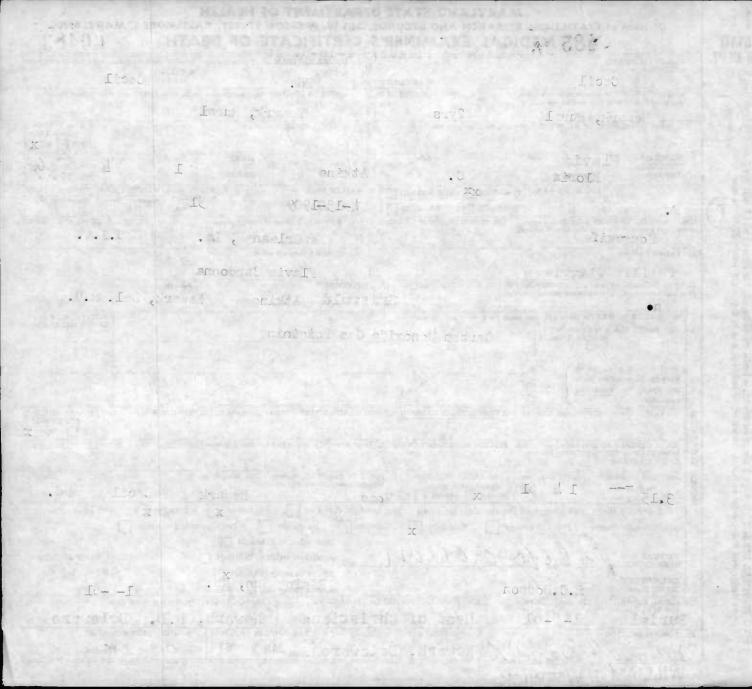
VS. A15ME 5M 7/59

1	MARYLAND STATE DE
	Division of STATISTICAL RESEARCH AND RECORDS,
R STATE	485 MEDICAL EXAMINER'S

PARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND IFICATE OF DEATH \$\(\cap(1483)\) CERTIFICATE

1. PLACE OF DEATH		1	811 1) 111	242	2. USUAL R	ESIDEN	E (Where dece	ased lived, If	institution	Rasiden	ca bafore	edmission)
a. COUNTY	cil		MARY	T A NID	a, STATE	12		b. COUN	TY Ce	cil		
	f outside corporate limi	ts,	c. LENGTH OF STA			Id.	f outside corpora	te limits, write	RURAL	nd give	nearest toy	vn)
	give nearest town)				X	13				401		
Newar	AL OR INSTITUTION (f and in her	2yrs		d. STREET		rk, Rura	2.1		1	1 - IS B	ESIDENCE
d. NAME OF HOSFIE	AL OK HASHIOHOM	it not in nos	phai, give siteel addi	622)	d. STREET	NDDKE33						A FARM?
											YES	NOT
3. NAME OF F.	Lavia First		Middle		Last		4. DATE OF	Montl	1	Day	Yea	60
(Type or print)	KKOWAX		C.		Atkins		DEATH	-		and.	19	67
S. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D 8	. DATE OF BIRTH	1		AGE (In years				R 24 HRS.
F.	W	WIDOWE	D DIVORCE		4-1301	909		astorthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPAT			IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	CE (State	or foreign countr	γ)	12. CI			COUNTRY?
Housew	ife	٠,			Net	wOrle	ans, L	a.	11 13	U.S.	• A •	
13. FATHER'S NAME	J. 13 19 11 11 11				14. MOTHER'S	MAIDEN	NAME		-			
Phillip	Clavrie				F	Lavia	Cardon	na.				
15. WAS DECEASED EV	R IN U.S. ARMED FOR		SOCIAL SECURITY N	0. 17. 1		A 750		Address				
(Yas, no, or unkown) (I	yes give war or datas of s	ervica)		Gri	swold	Atki	ns	Newar	k. De	1. 1	R.D.	
I IR. CAUSE OF D	EATH [Enter only one	cause per l	ina for (a) (b) and (c	F		20011			•		TERVAL BE	TWEEN
The second second	WAS CAUSED BY:				a D-4	-6-1	200				SET AND	
	IMMEDIATE CAUSE (a)	C	arbon Mono	xide	Gas Pol	SWILL	46					
015	DUE TO											
Conditions, if any												
gave rise to immedi	DITE TO											
causa last.	(e)											
PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEAT	H BUT NO	T RELATED TO T	HE TERMIN	AL DISEASE CO	NDITION GIV	EN IN PAR	RT 1(a) 1		
ĬĮ.											YES T	NO TE
PART II. OTHER 20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	USE WAS 2	Ob. DESCR	IBE HOW INJURY OC	CURED. (I	inter natura of in-	ury in Part	I or Pert II of ite	m 1B.)				
PRIMARY Or CO	NTRIBUTING [
Z 20c. TIME OF INJU	RY Month, Day, Ye	er 20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (H	lome, farm	, ' 20f. (City or	r town)	(Co	unty)		(State)
Hour Tame	1 4 61	While	Not While	fact	ory, street, office)		Gec		Mo	
	19	at wor		Hor			Newal		-			
21. I certify th	at I took charge o	of the rem	nains described ab			у Г.	Inspection ±		Y K	and	in my c	pinion
death resulted f	rom: Natural ca	uses .	Accident	Suic	ide 🔲, Ho	omicide	, Unde	termined m	anner			
	61001	10	0 0 10 10		CHIEF /	MEDICAL E	EXAMINER [
ACTUAL SIGNATURE	neal	40	revair	VI	M.D. ASSIST	ANT MEDI	CAL EXAMINER			E	ATE SIC	ENED
					DEPUTY	MEDICAL	EXAMINER					
EXAMINER'S NAME (Type)	R.C.Dod	son			ARi	sing .	Sun Ma	inty)	7	1.4	57	
22a. BURIAL, CREMATIC	N. 226. DATE THERE		22c. NAME OF CEM	ETERY OF			22d. LOCATIO		, or countr	y)	(Sta	ta)
REMOVAL (Spacify) Burial	1-5-61		Head of	Chr	istian	a	Newar:	k. R.	D	Del	awar	e
23. FUNERAL DIRECTO			ADDRESS	0111			D BY REGISTRAL					
mil.	1.2		Newark,	Del	aware				-Thung S			
Mulan	y runu	ner	210 Hazzi	DOI	CWALCI	DATE			. 40			
WILLIAM	J. WARWI	CK.										



	486		CERTII	FICA	ATE OF DEAT	ГН		Reg. Dist.	O	484
1. PLACE OF DEATH o. COUNTY	oil		MARYL	AND	2. USUAL RESIDENCE (o. STATE Md.	Where decease	d lived. If institution b. COUNTY	n: Residence b		ssion)
b. CITY OR TOWN RURAL ond give Earleville		its, write c.	LENGTH OF STAY I	N 1b	c. CITY OR TOWN (outside corpo	prote limits, write RU	JRAL ond give	nearest to	wn)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospitol,	give street odd	ress)		d. STREET ADDRESS		1		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Janeti	rst Fe	Middle W.		Barelay	4. DATE OF DEATH	Moni Januai		Day 7	Yeor 1961
5. SEX Female	6. COLOR OR RACE		NEVER MARRIE		B. DATE OF BIRTH June 2, 187	8		IF UNDER 1 YE Months Day	_	DER 24 H
10a. USUAL OCCUPAT during most of wo Housework	TION (Give kind of work orking life, even if retired	done 10b. KIN HOI		INDU	Pa.		ountry)	12.CITIZEN		COUNTR
Robert Wi	.lson				14. MOTHER'S MAIDEN		oie			
15. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FOI (If yes, give wor or dates of		CIAL SECURITY NO.		Walter S.B	arclay,	Addr Earle	ville,	Md.	
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O	g the <u>under-</u> DUE TO	c)			HENOS			EN IN PART 1(c	PERF	ORMED?
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OC	CURRE	D. (Enter noture of injury	in Port I or Por	rt II of item 18.)		YES [NO
20c. TIME OF INJU Hour o. m p. m	. 10	20d. INJU While of work	Not while		ACE OF INJURY (Home, factory, street, office bldg.,		y or town)	(Cou	nty)	(Sto
21. I certify alive an	that I attended the IAN G alcar				6, 1967, ta accurred at 10 f	M, fram ADDRESS (S	the causes an	d on the d		
PHYSICIAN'S NAME (Type)	ALLAN ION 226, DATE THERE	V P	CIPUPI C. NAME OF CEME	4L	EYMP.	22d LOCA	TION (City, town, o	or county)	(St	
Burial (Specif	Jan. 10, 1	4.4	Cecilton (etery	Cecil	ton, Ceci	1 Co;	1	
23. FUNERAL DIRECTO	Fellow	es, 7	ADDRESS	for	20.	N 11 '61		TRAR'S SIGNA		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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District State of Sta	e = e = e		And Stropersoll
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			war in the state of the state o

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

87	CERTIFICATE	OF	DEATH
73.4		•	

Reg. Dist. No. (1)485

		487		CERTIFIC	AT	E OF DEATI	Н		Reg. Dis	t. No.	60485
	PLACE OF DEATH a. COUNTY C	ecil		MARYLAND	III I	USUAL RESIDENCE (W		d lived. If institution b. COUNTY	-	e before	admission)
		outside corporate limi	ts, write c	LENGTH OF STAY IN 16		c. CITY OR TOWN (If	outside corpo	rate limits, write RL	JRAL and g	ive neare	est town)
	Chesapeal			4 year:	SX	Chesapea	ke Ci	ty			
	OR INSTITUTION.	AL (If not in hospitol, gursing Ho		fress)		d. STREET ADDRESS					IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	BESS	IE	PARKL	57	BEASTON	4. DATE OF DEATH	Jan.	h	Day 23,	Year 1961
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH	0==	9. AGE (In years lost disthday)	IF UNDER Months		Hours Min.
	Female:	White	WIDOWED		7	oril 14, 1	875	O) yrs.	Monnis	Days	Hours Min.
100	during most of work	N (Give kind of work ing life, even if retired	done 10b. KII	OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (State	or foreign co	ountry)			WHAT COUNTRY?
	Housewife			At Home		Lebanon,	Del.		I	S.	A.
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN					The same
	Gus Par					Sarah	Coult				72113
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SO			RMANT		Addre			
	No				rs	Louise F	ultor	1, Dover	, De	1.	
		TH [Enter only one co							STATE	INTER	VAL BETWEEN T AND DEATH
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Cl	ronic myo	cal	rditis					XXXX
	710	DUE TO								15	yrs
	Conditions, if on		M.	itral insu	ff:	iciency					
	gove rise to in cause (a), stoting t										
_	lying couse last.) (c									
CERTIFICATION			DITIONS <u>CO</u>	TRIBUTING TO DEATH 8	ON TU	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVE	EN IN PART		WAS AUTOPSY PERFORMED? YES NO 10
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCUR	RED. (E	Enter nature of injury in	Part 1 or Part	t 11 of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. st. p. m.	19	While at work	Not while at work	tactory	OF INJURY (Home, farm , street, office bldg., etc	:-)			ounty)	(State)
	21. I certify the	at I attended the	deceased	from APR	30	19 57 to J	HH 2	3 , 196/	,that I I	ast saw	the deceased
	alive on	AN 22	126/	, and that dea		curred at 7:4-	5 M, fran	n the causes a	nd on th		
		000. 0	P	00			ADDRESS (SI	reet, city or town, s	stote)		DATE SIGNED
	ACTUAL SIGNATURE	Wan R	Cm	Chling	_M.D	115 N. B	road	St., Mi	ddTe	TOW	i, Del.
	PHYSICIAN'S NAME (Type)	Allan R.	Cruc	hley, M.D.	_		1-	24-61			
220	BURIAL, CREMATION	N, 226. DATE THEREC)F 2	2c. NAME OF CEMETERY	OR CE	REMATORY	22d. LOCAT	NON (City, town, o	r county)		(State)
E	REMOVAL (Specify)	1-28-6		Old Bohemi	a	Cem.	Nr.	Warwick.	Md.		
23.	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS		24a. REC'	D BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	7 6 6 6 1
P.	IPPIN FUN	ERAL HOM	Ede	Ich Rer	EI	kton, Md.	JAN 2 6	'61	ireland.	S. Tho	incorp

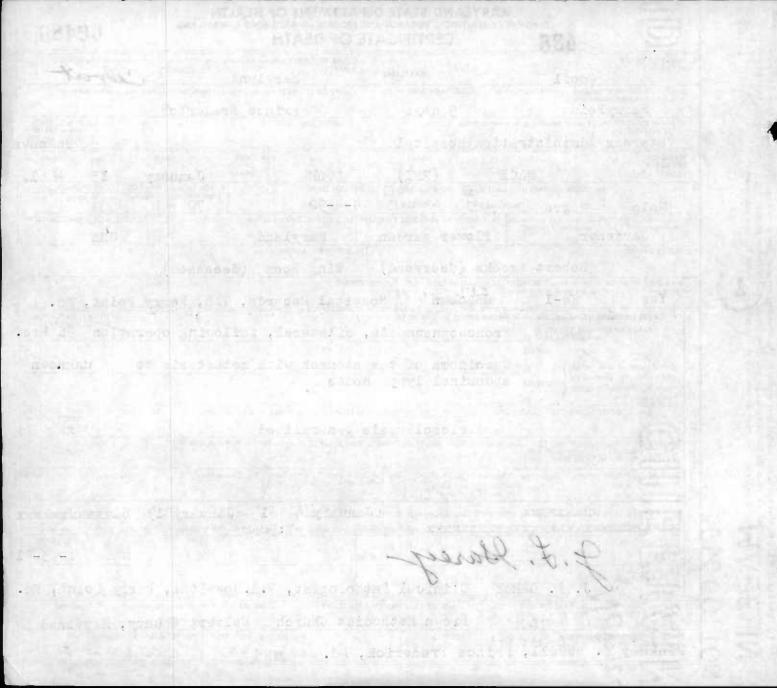
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Ed.kill 5	HTASO A	IO STA	CERTIFIC		
					TO THE REAL PROPERTY.
	West Address to the Control of				
	The second second				
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e A	AL	the State Board of Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.
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TO HO. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be reduned by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	

	400									
1. PLACE OF DEATH a. COUNTY	Cecil		MARY	LAND	2. USUAL RESIDENCE o. STATE	(Where deceased	lived. If instituti b. COUNTY		vert	sion)
b. CITY OR TOWN	(If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		ote limits, write R	URAL and give	nearest tow	n)
RURAL and give to	vPoint		9 days			rince Fr		S		
	ITAL (If nat in hospital, g	ive street			d. STREET ADDRESS		edelick	0715		SIDENCE A FARM?
Veteran	s Administr	ratio	on Hospita	1				G-T-X-	YEST	hknow
3. NAME OF DECEASED (Type or print)	First N.A.	ACE	Middle (NMI		Lost BOOM	4. DATE OF DEATH	Janua		Day	Year 19 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	-	8. DATE OF BIRTH	0.00-01	9. AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
Male	Negro	WIDOWI			4-4-90	1000	70 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work of	lone 10b.		OR INDUS	TRY 11. BIRTHPLACE (S	tate or foreign ca		12. CITIZEN	OF WHAT	COUNTRY?
during most of wo	rking life, even if retired)		Flower gar		Mary	land		U	SA	100
13. FATHER'S NAME			, .	,	14. MOTHER'S MAIDE					
			cs (deceas		Tiny Bo	oom (de	ceased)			- 3
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. IN	IFORMANT		Add	ress		
Yes	WW-I	1	inkhown	Ho	ospital Rec	cords, V	AH, Per	ry Poi	nt, M	d.
18. CAUSE OF DE	ATH [Enter anly one ca	use per li	ne far (a), (b), and (c).]					INTERVAL BE	
PART I. DE	ATH WAS CAUSED BY:	Bro	nchopneum	onis	a, bilatera	al. foll	owing o	perati	onset and	6 hrs
10	IMMEDIATE CAUSE (o)					,				
		Cor	coinome of	the	stomach w	rith met	actecia	+0	unk	nown
Conditions, if	immediate					AT OIL ME O	asvasis		unn	IIOWII
couse (a), stating	the under- DUE TO	abc	dominal ly	mpn	nodes					
lying cause last	, 10									
PART II. O1	THER SIGNIFICANT CON						CONDITION GIV	VEN IN PART 1	19. WAS PERFC	AUTOPSY ORMED?
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		Aı	rterioscle	rosi	s generali	zed		33.38	YES] NO [
PART II. OT	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injur)	y in Port I or Part	If of item 18.)			
Z 20c. TIME OF INJU	IRY Month, Day, Yes	r 20d. II	NJURY OCCURRED		ACE OF INJURY (Home,		or town)	(Cau	nty)	(State)
Y 20c. TIME OF INJU	10	While	Not while	fac	tory, street, office bldg.,	, etc.)				
	V-A	at wor		1	_	1				
	at श्राप्रकार से से प्राप्त to									
MAX XXXXXXX	REACHINA MAKENIA	XXXX	XXXXXXX and	I that d	leath occurred at?	150 almom	the causes ar	nd on the d		
22a. SIGNATURE	0 4	0	1		ATTENDING _	MED.	STAFF		22	2b. DATE SIGNED
	Tit.	75	raren		M.D. PHYS.	DIRECTOR [PHYS.		1.	-13-6
22c. PHYSICIAN'S NAME (Type)	1		1		22d. ADDRESS					
TVAINE (Type)	/ J. L. GA	REY	Clinica	l Pa	thologist,	V.A.Ho	spital,	Perry	Poin:	t, Md
23a. BURIAL, CREMATI		F	23c. NAME OF CEM				ION (City, town,		(Sta	
REMOVAL (Specify		1			dist Churc		. ~	unty.		
24. FUNERAY DIRECTO	R'S SIGNATURE	1461	ADDRESS			REC'D BY REGIST		ISTRAR'S SIGN		and
Pinkney	WINGE A 1. ILLA	Pri	nce Frede	ani a				thuy S. H		
	- POMETT	1111	TT COL	CALU.	IL 9 PICE DATE	JAN 1 9 6	·	mm1 10. 10) Brondermy	



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delease sexution please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funerardirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	489 MEDI	CAL EX	AMINER	'S CERTI	FICAT	TE OF DI	EATH		00487
1. PLACE OF DEAT a. COUNTY	eil		MARYLAN	e. STAT	RESIDEN	CE (Whare deceas	ed lived, If b. COUN		ence bafore edmission
	(if outside corporate limits, d give neerest town)	c. LEN	NGTH OF STAY IN	1b c. CITY	OR TOWN (If outside corporets	limits, write	RURAL and giv	e neerest town)
Elk		V:	isitimg		Ke nne	tt Squar	e		
d. NAME OF HOSP	ITAL OR INSTITUTION (if n	ot in hospital, giv	ve street eddress)	d. STREE	T ADDRESS	/		TEV	a. IS RESIDENCE
- Union I	Hospital			201	Scarl	et Ave		13 V	YES NO
3. NAME OF DECEASED	First		Middle	Last		4. DATE	Month	De	y Yeer
(Type or print)		Malcomb	Bro	WILL		DEATH	1	26	61
5. SEX M	6. COLOR OR RACE 7.	MARRIED N	EVER MARRIED	8. DATE OF BIL			GE (In years at birthdey)	Months Deys	
		VIDOWED	DIVORCED [8-18 -1	000	72	yrs.	Monins Deys	nours min.
	TION (Giva kind of work orking life, even if retired)	10b. KIND OF	BUSINESS OR INDU	JSTRY 11. BIRTHP	LA CE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
millwright	supt.					, Maryla	nd	USA	
13. FATHER'S NAME				14. MOTHER	R'S MAIDEN	NAME d			
	omas Brown			to the table		ina W. A	iken		
	FR IN U.S. ARMED FORCES		SECURITY NO. 1	7. INFORMANT			Address		
		221-09	9-9972	Malcolm (C. Bro	wn, Ken	nett S	Square,	Pa.
and the second second second	DEATH [Enter only one call IH WAS CAUSED BY:	use par lina for (a	a), (b), and (c).]						NTERVAL BETWEEN
Conditions, if en gave rise to immed (a), stelling the cause lest.	DUE TO y, which (b)		oronary C						
	R SIGNIFICANT CONDITIO		NG TO DEATH BUT					(EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU Hour e.m. p.m.	URY Month, Day, Year		OCCURRED 20e.	PLACE OF INJURY factory, street, office			own)	(County)	(Sleta)
21. I certify t	hat I took charge of t	he remains d	escribed above,	held an Autor	osy ,	Inspection 2	Inquir	y an	d in my opinion
death resulted	from: Natural caus	es 🗶, Acc	cident, S	uicide .	Homicide	, Undete	ermined m	anner	
E CONTRACTOR	(1) ///	LAIL	1 0011	1 CHIE	F MEDICAL I	EXAMINER [
ACTUAL	19110	UV	LOVI	M.D. ASSI	STANT MED	ICAL EXAMINER			DATE SIGNED
EXAMINER'S NAME (Typa)	R.C.Dodson					L EXAMINER	fy)	1-26-6	1
22a. BURIAL, CREMATION REMOVAL (Specify		22c. N	AME OF CEMETERY			22d. LOCATION		, or country)	(Stete)
burial	Jan. 30, 1	.961 Gr	ace Lawn	Cemetery		Wilming	ton,	De	laware
23. FUNERAL DIRECTO			DORESS L	iltery,	24a. REC	'D 8Y REGISTRAR	24b. REG	ISTRAR'S SIGNA	TURE
PIPPIN FUN	ERAL HONE	I bonald	Tr. Du	Ma	DATEN	3 0 '61	Quil	9 H	

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY	- The Pa		2.	a. STATE	ENCE (Where dace	b. COUN		ice batora a	dmission)
Ceci			YLAND	COCTE M	N (If outside corpora	1	10011		
write RURAL and	outsida corporata limits giva naarast town)						RURAL and giva	naarest tow	n)
d. NAME OF HOSPITA	AL BRINSTITUTION IN	not in hospital, give street add	dress)	d. STREET ADDRE	Sun , R.F.I				ESIDENCE A FARM? NO
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Day	Year	
(Typa or print)	Paul	Ti alman a			OF DEATH	1	77	195	7
5. SEX		Edward:	IED 8. DA	TE OF BIRTH	19. /	AGE (In years	IF UNDER T YEAR	IF UNDER	-
M	W	WIDOWED DIVORC	ED 7-	6-1903		57 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION done during most of work		106. KIND OF BUSINESS C	OR INDUSTRY 11	I. BIRTHPLACE (St	ata or foreign countr	ry)	12. CITIZEN O	F WHAT C	OUNTRY?
Chart Char	ger	Natural Gas		Md . MOTHER'S MAID	EN NAME		U.S.	A .	
Town				A.7	7				
James J5. WAS DECEASED EVE	THE RESERVE THE PARTY AND ADDRESS OF THE PARTY	Ckins ES? 16. SOCIAL SECURITY	NO 17 INFO	Alverta	Jane Dur	Can			
(Yas, no, or unkown) (If									
No		220-14-569	0 Mrs	. Jane E	Burkins, R	lising	Sun Md.		
		cause par lina for (a), (b), and	(c).]				01	TERVAL BET NSET AND D	WEEN
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)_	Acute Coro	namy Occ	lugion					
421	DUE TO		-10-31 000	7.40101			3.7%		
Conditions, if any,	which (b)	77					200		
gave rise to immadia	ta causa	Hypertens	ion for	some tim	e				
(a), stating the un	derlying								
	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEA	TH BUT NOT BE	ATED TO THE TED	MINAL DISEASE CO	NOITION CIV	EN IN DART 1/-) 1	10 WAS A	LITOREY
OF PARISON OF THE PAR	SIGNIFICANT CONDITI	ONS CONTINUED INTO TO DEA	THI BOT NOT KE	LATED TO THE TEX	MINAL DISEASE CO	NADITION GIV		PERFO	RMED?
200. EXTERNAL CA	HEE WAS 120	b. DESCRIBE HOW INJURY O	CCURED (F-1		Dark Law Dark III - Cita	- 10 1		YES	NO
PRIMARY OF CON		D. DESCRIBE HOW INJURY O	CCURED, (Entar	natura or injury in	ran i or ran ii or iia	IM 10.)			
20c. TIME OF INJUR Hour a.m.	Y Month, Day, Year	Whila Not Whila at work at work		F INJURY (Homa, i treet, office bldg.,		r town)	(County)		(Stata)
21. I certify the	at I took charge of	the remains described a	bove, held a	n Autopsy	, Inspection	Inquir	y y, and	in my o	pinion
death resulted fr	om: Natural cau	ses . Accident	, Suicide	, Homicic	de , Unde	termined m	anner		
/	1) 11			CHIEF MEDICA	AL EXAMINER		Lorent		
ACTUAL SIGNATURE	12CM	o as	on		MEDICAL EXAMINER		1	DATE SIG	NED
EXAMINER'S NAME (Type)	R.C.Dodson				CAL EXAMINER		1-7-61		
22a. BURIAL, CREMATION			METERY OR CRE	MATORY	S,UN, Howy Cocou	N (City town	or country)	(State	al
REMOVAL (Specify)	1-10-6	61 Little	Brit	ain Cel		oh Ba	ottomo	e F	Da.
23. FUNERAL DIRECTOR	E. M. 94	elle Rising	Sun	MI	REC'D BY REGISTRAL	11121	ISTRAR'S SIGNAT		
10000	0 1	7/1/13/16	00.77	DATE	IAN 1 0 '61	1 Qu	Uma & Hour	4	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funer corrector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any poent within 72 hours after death. VS. A15ME 5M 7/59

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		491		CERTIFIC	AIL OI L	LAI			Reg. Dis	st. No.		
1. PL.	COUNTY Cecil		r	lkton MARYLAND	a. STATE			d lived. If instituti b. COUNTY			e odmis	sian)
h		f autside carparate lin		LENGTH OF STAY IN 16	Ma CITY OF	rylar	nd	orate limits, write R	Cec		ment tour	-1
b.	RURAL ond give ne	arest town)	ilis, write		101		1				itest tow	")
		Elkton		12 weeks			town Ma	anor, Cha	rlest			
d.	OR INSTITUTION	AL (If nat in haspital,	give street ad	dress)	d. STREET A	DDRESS				1	ON /	FARM?
	Union	Hospital	of Cec	il County							YES [NO K
DE	AME OF CEASED (pe ar print)		irst	Middle	Los		4. DATE OF DEATH	Mon	ith	Day		Yeor
5. SE			lter	G	Burli		DEATH	Januar		1 VEAR		19 61
. SE	*	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)	Months	Days	Haurs	Min.
	Male	Mi	WIDOWED			76		84 yrs.				
Oa. l	JSUAL OCCUPATION	N (Give kind of work ing life, even if retire	done 10b. KI	ND OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (Stote	e ar fareign c	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY?
	P1uml			tired 12 vrs		Oxfor	rd Pa			IIS	Α.	
3. FA	THER'S NAME			110	14. MOTHER'S					-031		
20					100.0	- D.	. 4 4					
	Villiam B	RIN U. S. ARMED FO	DCE (2) 14 60	CIAL SECURITY NO	INFORMANT	a Bur	nting	- Add	ratt			
		If yes, give wor or dates of	service)		INFORMANT			, Add	1033			
	no	0.43	121	4-20-5890	Mrs Eliz	a T.I	Burling	, Charle	stown	M	arv1	and
1	B. CAUSE OF DEA	TH [Enter only one of	ouse per line	far (a), (b), and (c).]						INTE	RVAL B	ETWEEN DEATH
	PART I. DEA	TH WAS CAUSED BY:		Cardio disc		: 1		and a gas		ONS		
	Lesa	IMMEDIATE CAUSE (-	15	min
		DUE TO		Thumbotic occ								
	Canditions, if ar gave rise to in		b)	Plureal effu	sion mass	ive t	oilate:	ral				
	couse (a), stating t		0]	Bronchae1/,b	lateral							
	lying couse last.)	c)	Arteriosclero	otic hear	t des	sease					
NO.	PART II. OTH	ER SIGNIFICANT CO		NTRIBUTING TO DEATH BL				E CONDITION GIV	VEN IN PAR	T 1(o) 1	9. WAS	AUTOPSY DRMED?
3												NO 🗌
CERTIFICATION	0a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OCCURR	RED. (Enter nature o	ıf injury in	Port I or Por	rt II af item 1B.)	0 100			
	F EITHER, NOTIFY	MEDICAL EXAMINER)	1									
MEDICAL	c. TIME OF INJURY	Y Manth, Doy, Y	ar 20d. INJ	URY OCCURRED 20e. F	PLACE OF INJURY	Hame, for	m, 20f. (City	y or tawn)	(0	County)		(Stote)
	Haur a. m.	ho	While	TAGE ANNUA	actary, street, affic	e bldg., et	c.)					
-	p. m.		ot wark [at york								
2	1. I certify the	at I attended the	e degeased	fram	, 1958	3, ta	1, 12	, 1961	that I la	st saw	the o	deceased
	ılive an	1-15/	10/61	and that deat								
1	Tive dii	1	1/17	and mar dear	iii decorred di			treet, city or tawn,		duie		TE SIGNED
	CTUAL	111111	11111	110			Nooness (s	noci, city or lawn,		4.4		
S	IGNATURE	www.	Co	o po	_ M.D				1-	14-	1961	
	HYSICIANS											
	IAME (Type)	Dr.Luis M	Cuza		N	rth	East.	Maryland				
22o. [BURIAL, CREMATIO	N, 22b. DATE THERE	OF	22c. NAME OF CEMETERY				TION (City, tawn,	ar caunty)		(Sto	te)
	Buria (Specify)		1961	Oxfor								,
-		1011			a come	-	Oxfo		ter Co	-	-	
23.45	NERAL DIRECTOR	A CLANATURE	r	ADDRESS			D BY REGIS		STRAR'S SIG			
1	Joseph A.	Grant	North	East, Maryl	and	DATE	ANI	01	concerned was			

TO HOSPITAL (PARATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs pared death. Page 4 may be retained by the haspital at attending physician.

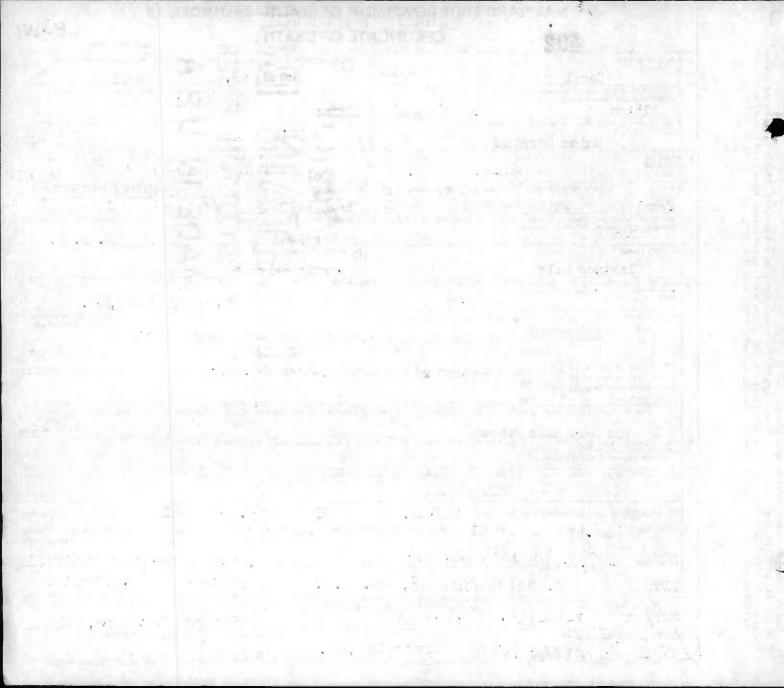
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, or remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

After death. Page 4

	DESCRIPTION OF PRESIDENCE			
世 年 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日			v ()	
21500	den de la companya de	FILL ON AND ATT		
modes Et	Camplertown under 12			
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12 24	municipal services			
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nally to press	1 to 12 , 6 2 2 47. , 140	meat - 15-in-		063
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	Annahili avi billo	Michelle - 1974/ Talko, Markomota Sitar - Sopiath		
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	Articular, legion.		no a record in the	
2.0.(.03		245 (19)		
		14 Your , 2301 H2:0	a company of the	St.

VS A15 (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. (1499 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Md. Cecil c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Elkton d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 39 West Main Street. YES NO TO 4. DATE Day Yeor CONSTABLE 1961 DEATH Jan. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthdoyl Manths Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Elkton, Md. Elizabeth Groome Address Mrs. Rebecca E. C. Lee. Baldwin. INTERVAL BETWEEN ONSET AND DEATH Acute cerebrovascular circulatory Weeks unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.

(State)

20e. PLACE OF INJURY (Hame, form, 20f, (City or town) (County) factory, street, affice bldg., etc.)

21. I certify that I attended the deceased fram. Jan 2 ..., 1967, to Jan 1967 hat I last saw the deceased and that death occurred ap : 40pM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote)

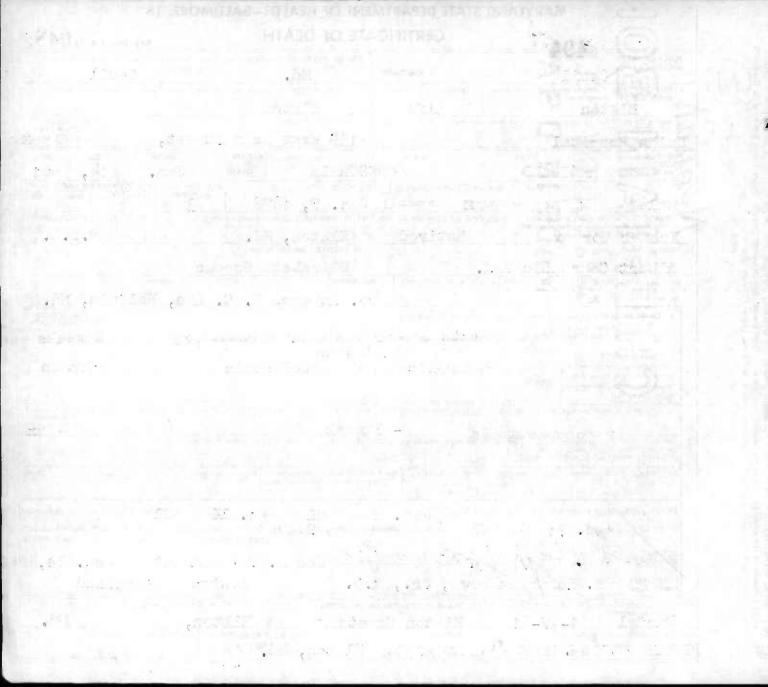
233 E. Main Street Jan 14,1960 Maryland

> 22d. LOCATION (City, town, or county) (State) Md.

24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

Elkton pareMd AN 20'61 arthur & House

VS A15 (4) 1SM 9/S8



VS A15 (4) 15M 9/5B

. MARYLAND	STATE DEPARTM	NENT OF HEALT	H-BALTIM	ORE, 18	
495	CERTIFICA	ATE OF DEAT	Н	Reg. Di	st. No. C0493
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (V		COLINITY	ce befare odmissian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f autside corporate lim	nits, write RURAL and	give nearest town)
Elkton	l hour	2/Elkton			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Union Hospital		d. STREET ADDRESS	ey Biddl	e Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle C •	Lost COOKE	4. DATE OF DEATH J	Month anuary 2	Day Year 4, 1961
5. SEX Male Male White Widowe		B. DATE OF BIRTH June 3, 18	9. AGE last	E (In years IF UNDER birthdoy) Manths yrs.	1 YEAR IF UNDER 24 HRS Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Sto		12. CITI	U. S. A.
Joseph Carter		14. MOTHER'S MAIDEN		А	
		INFORMANT		Address	kton, Md.
Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	Acute corons rterioscler	otic corons	ary arter		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in			YES NO 2
Haur a.m. While	Not while fo	actary, street, affice bldg., e	etc.)	(n) (l	Caunty) (State
21. I certify that I attended the decease alive an 190. ACTUAL SIGNATURE	heurs, fr.	h accurred at E	_M, from the constant Street of Main Str	auses and an the	ast saw the deceased a date stated above 1/24/61
PHYSICIAN'S S. Halph And	drews, jr.,	M.D.			
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL Jan. 28, 1961	Bethel Cen		Cecil	County,	(Stote) Maryland
23. FUNGRAL DIRECTOR'S SIGNATURE / Hicks	ADDRESS Elkton, Mar	yland 240. RED	C'D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE **

who also selected to a second of the second unique The control of the co TOTAL STATE OF THE

FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 housestandeath. If any dela necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral kinector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3/Pages 6 any be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 49 6MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE	CE (Where dec		institution: Residence il	denca before	edmission)
47	Cecil	MARYLAND						
1	b. CITY OR TOWN (if outside corporeta limits, write RARA band pive the arest town) OVE	TH OF STAY IN 1b	c. CITY OR TOWN (II	f oulside corpo	rele limits, write	RURAL end gi	ve neerest to	vn)
Y	Liberty Grove	25 yrs	Libert	y Gro	ve			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	- V	d. STREET ADDRESS					ESIDENCE
							YEST	A FARM?
2	NAME OF First	Middle	Last	4. DATE	Month		av Yee	I WO L
3.	DECEASED			OF	Monit		7	61
	(Type or print) William Lewis		ubree	DEATH	7.		19	01
5.	SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 8	DATE OF BIRTH	9.		IF UNDER 1 YEA	_	
	W WIDOWED X	DIVORCED	11-6-1877		last birthday)	Months Day	s Hours	Min.
	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign cour	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
d	one during most of working life, even if retired)					U.	S.A.	
10	10211 01	HO FOIL		N14 14F				
13	FATHER'S NAME		Ellen		eton			
	William Lewis Dubre		ETTOIL	17161	00011			Md.
15		ECURITY NO. 17. 1		4-1311	Address			
(1	es, no, or unkown) (Ifyasglvewarordalasofservice)	2-8214	Mrs. Jam	es C.	Willi	ams, I	libert	y Gr
=	18. CAUSE OF DEATH [Enter only one cause par lina for (a),						INTERVAL BE	
П			nary Occlus	sion		3-3 17	ONSET AND	
	IMMEDIATE CAUSE (a)	106 0010	1013 00014	7 + 0 11				
	T20 DUE TO							
	Conditions, if any, which) (b) H ad ha	ad cardia	ac condition	on for	sever	at he	ars	
	geve rise to immediate cause							
	(e), stelling the underlying Cause last.					Sec. 41 - 1		
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T DELATED TO THE TERMIN	IAL DISEASE C	ONDITION GIV	EN IN PART 1/a	11 10 WAS	ALITOPEY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	STO DEATH BOT NO	T KEEATED TO THE TERMIN	ANE DISENSE C	ONDITION GIV	FIA HALVET IG		DRMED?
3							YES _	но 🕰
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW PRIMARY ☐ or CONTRIBUTING ☐	NJURY OCCURED. (I	nler nature of injury in Pert	l or Pert II of I	tem 1B.)			
Ü	CAUSE OF DEATH.							
K	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY O		CE OF INJURY (Homa, farm		or town)	(County)		(Slate)
MEDICAL	Hour a.m. While Not \ at work at w	111110	ory, street, office bldg., etc.)				
Z	p.m. 17		12 A.z.	1	TV .		1.	
	21. I certify that I took charge of the remains des	cribed above, he	Id an Autopsy,	Inspection	Inquir	у Ту в	nd in my o	pinion
	death resulted from Natural causes Accid	dent, Suic	de, Homicide	, Und	etermined m	anner		
	11000	1	CHIEF MEDICAL E	EXAMINER [
	ACTUAL / CATOCA	MMI	ASSISTANT MEDI	ICAL EXAMINE	R		DATE SIG	ENED
e.	SIGNATURE	1-00	M.D. DEPUTY MEDICAL			7	0 67	
	R.C.Dodson		Address (Street, c		h. Md.	T-	2-61	
22		ME OF CEMETERY OF			ON (City, town		(Ste	te)
	Barra (pocify) 1-4-1961 Da	rlington		Darli	ington	, Md.		
2	FUNERAL DIRECTOR ADD			'D BY REGISTRA		ISTRAR'S SIGN	ATURE	
1/	ee a Patterson & Son P	erryvill	e, Md. DATE JA!	1 - 4		Thung S. H.	4	
V.	www. Jajunongson, -		DATE				-	

Laborery James and Annual State of the State THE COLD TENEDS OF THE PARTY OF and the second of the second Compared to the contract of th

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

60495

	447				
1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	O STATE	b COUN	itution: Residence before admission) NTY Kent Cecil
b. CITY OR TOWN (If RURAL and give near Perry Po		c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF		ite RURAL and give nearest town)
OR INSTITUTION	L (If not in hospitol, give stre Administratio		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WILLIAN	Middle S.	Lost FORBES	OF _	Month Doy Year uary 26 1961
5. SEX Male	1.77. 2 4 .	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 5-31-88	9. AGE (In ye lost birthdo	Bars IF UNDER 1 YEAR IF UNDER 24 HR: Day) Months Days Hours Min.
Farmer	N (Give kind of wark dane 10 ng life, even if retired)	b. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stote Marylan	d	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	70 11 77 1	/ 2	14. MOTHER'S MAIDEN		
15 WAS DECEASED EVER	David Forbes		Mary Jo		ed) Address
	yes, give war or dates of service) WW-I		Hospital Reco		
PART I. DEATI	H [Enter only one couse per H WAS CAUSED BY: IMMEDIATE CAUSE (o) A				INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any gove rise to im cause (o), stating the lying cause lost.	mediote (rteriosclerot	ic heart dise	ase	5 years
PART II. OTHE		S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	IINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES 10 0
	UNDERLYING [20b. D CAUSE OF DEATH AEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in	Part I or Port II of item 1B.	
ZOc. TIME OF INJURY Hour a. m. p. m.	Whi		PLACE OF INJURY (Hame, farr factory, street, office bldg., etc		(County) (State
					ry_269.61xthouthtweekto
22a. SIGNATURE	l. L. M.	TANALAMA THO	ATTENDING _ M	AED. STAFF PHYS.	and an the date stated above 22b.DATE SIGNE 1=27=61
22c. PHYSICIAN'S NAME (Type)	L. MOONEY	Asst.Clinic	22d. ADDRESS al Pathologis	t, V.A.Hospi	ital, Perry Point,
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	wn, or county) (State)
24. FUNERAL DIRECTOR'S	Jan. 30, 1961	Millington		Millington,	Kent Co; Md.

SOUTH AND TO SEE SEE ASSOCIATION OF SECULIAR SECU AT THE RESERVE OF THE PARTY OF · Figure 12:50 - principal, Italia, recursión - Part distribution de la company de la

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN

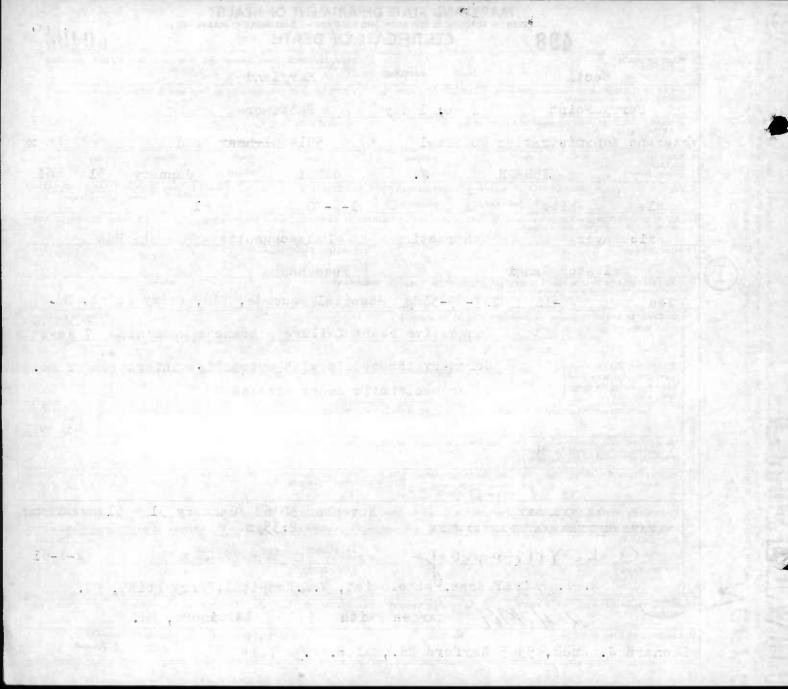
	DIVISION OF	SIMILIBURAL VESTAVOLI WILD	WECOKDS - DATE
4	98	CERTIFICATE	OF DEATH

6	0	1	9	5
U	V	36	U	1.3

1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAN		2. USUAL RESIDENCE (W o. STATE Mary]		l lived. If instituti b. COUNTY	on: Residence	before adn	nission)
b. CITY OR TOWN	(If outside corporate limits	, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If	outside corpor	rote limits, write F	URAL ond gi	ve nearest to	own)
RURAL ond give	ry Point		2 mos 1 da	v	Balti	imore		3V	01	- 1
	PITAL (If not in hospital, gir	ve street			d. STREET ADDRESS	FICALNO	R		e. IS	RESIDENCE
	dministrati	ion	Hospital			Henman				□ NO 5
3. NAME OF	Firs		Middle		Lost	4. DATE	Moi	oth	Day	Yeor
(Type or print)	JOSE	PH	J.		GANGI	DEATH	Janu	lary	31	1961
5. SEX	6. COLOR OR RACE	7. MARE	RIED T NEVER MARRIED] B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS
Male	White	WIDOWI	ED DIVORCED		1-6-20		41 yrs.		Doys Hou	ers Min.
10a. USUAL OCCUPAT	ION (Give kind of work dorking life, even if retired)	one 10b.	KIND OF BUSINESS OR IT	VDUST	RY 11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZ	EN OF WHA	TCOUNTRY
Brickl			Contracting		Massach	nusett	В	U	SA	
13. FATHER'S NAME				-	14. MOTHER'S MAIDEN	NAME				
Sa	lvator Gang	ri			Rose Rapp	08.				
	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	7. INF	DRMANT		Ado	ress		16.00
Yes	WW-II		17-09-3308	Ho	spital Reco	ords, V	VAH, Per	ry Po:	int,	Md.
	EATH [Enter only one cou	se per li	ne for (o), (b), ond (c).]						INTERVAL	BETWEEN
PART 1. DE	EATH WAS CAUSED BY:	(ongestive h	ear	rt failure	& bron	chopneu	monia		ND DEATH
42000	IMMEDIATE CAUSE (o). DUE TO									200
100		-	Yananana Abu							0
Conditions, if	immediate	(Coronary thr	OM	osis with	myocar	dial in	larcti	ion	2 mo.
couse (o), stoting	g the under- DUE TO	I	rterioscler	ot	c heart di	98888				
lying couse lost	_ / (0)								1, 120, 14	A.S. ALLTORSY
PART II. O' PART II. O' OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION	THER SIGNIFICANT COND	OITIONS <u>C</u>	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	MINAL DISEASE	E CONDITION GI	VEN IN PART	PEF	REPORMED?
	VAS UNDERLYING DIG CAUSE OF DEATH OF MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury in	Port I or Port	t II of item 18.)			
	JRY Month, Doy, Yea	r 20d. I	NJURY OCCURRED 200		E OF INJURY (Home, far		or town)	(Cc	ounty)	(Stote
Hour o.m.	4 10	While of wor		rocio	ry, street, office bldg., et	rc.)				
		Cattons	ded the deceased fro	- N	ovember 300	060 toT	enilary 3	10 6	1 www.w	WOODS AND SE
			XXXXXXXXX and th							
220. SIGNATURE	INEU ALM YEAR ALAZ		AAAWAAA ONO IN	ar ae	din decorred de 1	Z JMD III CHII	me cooses of	id dii iiie		22b. DATE
a	. L. m	00	ney	М	D. PHYS.	MED.	STAFF PHYS.		2.	-1-61
22c. PHYSICIAN'S NAME (Type)		NEY	Asst. Pathol	ogi	22d. ADDRESS st, V.A.Ho	spital	Perry	Point	Md.	
23g SURIAL, REMATI			23c. NAME OF CEMETER				TION (City, town,			Stote)
REMOVAL (Specif	1) 2-4-1	196	Garden		ith	Bal	timore,	Md.	last.	
24. FUNERAL DIRECTO			ADDRESS			C'D BY REGIST		ISTRAR'S SIG		
Leonard .	J. Ruck. 57	305	Harford Rd.	.Ba	1 to Md DATE	FFR 6	'61 (Inthus &	· / Oranne	

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the death. Page 4 may be remained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Actioneral director, page 3 should be detached for use as the burial-transit permit. Then please remainer pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VR A15 (4) 15M 9/59



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TOTAL THE TOTAL	s haspital or attending physician.	. After this certificate has been signed by the attending physician and campletely fitted in the funeral director	ched for use as the burial-transit permit. Then please remove cuttbe papers. Pages 1 and 2 should be filed with	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		200		CERTIF	ICAT	E OF DE	ATH	1		Reg.	Dist. No	. 0	0497
1, PLACE OF a. COUNT	DEATH Y	Ceci1		MARYL		USUAL RESIDEN o. STATE		ore deceases y 1 and	d lived. If instit b. COUN		dence befo Ceci		ission)
b. CITY O	R TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN 9 month		c CITY OR TOV	VN (If a		rote limits, write th Bast	RURAL on	d give ne	grest to	wn)
d. NAME OR INS	OF HOSPITA	Graybeal		oddress) sing Home		d STREET ADD	RESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or p)	Fir BI	LLA	Middle M •	G	ILBERT		4. DATE OF DEATH	A	lanth	0 ₀	3	Year 19 61
5. SEX Pema.	1e	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		July 7	, 18	78	9. AGE (In year last) by the or	Month		IF UN Hour	DER 24 HRS.
10a. USUAL C during th	occupation of working ous eks	N (Give kind of work of ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY		E (Stote o		ountry)	12.	US.		AT COUNTRY?
13. FATHER'S		liam W.Gil	bert		1	4. MOTHER'S MA		AME ca Jac	ckson				
15, WAS DEC (Yes, no. or unkr		IN U. S. ARMED FOR 7 yes, give war or dates of v		social security No.	17. INFO	RMANT arles L	.Gil	bert	North	Bast,	Mar	y1a	nd
Condit gove couse (couse (couse couse)	tians, if an rise to ima), stating that ause last.	he <u>under-</u> DUE TO)	Acute Coro	eleros	is for	many						CALITORY
20a. ACC OR CON (IF EITHE	CIDENT WAS	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	-3	CRIBE HOW INJURY OC						SIVEN IN P	ART 1(0)	PERI	FORMED?
	OF INJURY or o.m. p. m.	Month, Doy, Yes	While of wor	_ Not while _		OF INJURY (Hon , street, office blo		20f. (City	or town)	Vg.	(County)		(State)
	ure An's Type)	R.C.Dods	19_C	and that c	Meath oc	curred at 1 Risin	e Su	AM, from ADDRESS (Son, Md	n the cause: treet, city or tov	s and an	the do	te sto	
PEMOVA BUT 23. FUNERAL	(Specify) 1al DIRECTOR'S	1-18-196	1		hodis	t 24	ia. REC'E		th East	Ceci	1 Co	RE I	Md

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	and and the state of		
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		ment was a second	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delters are please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerarificator. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, demaition, or removal, and in any event within 72 hours after death. VS. AISME 5M 7/59

7,			EPARTMENT OF		
Division of STATIS	MEDICAL	CH AND RECORDS, EXAMINER'S	CERTIFICATE	OF DEATH	()49
CE OF DEATH		9	2 HOURS PROPERTIE	/M/h d d live d 16 institu	Man Daddana Lafan ar

1.	PLACE OF DEATH e. COUNTY Cooil				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE Delaware c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Wilmington						
_	Cecil MARYLAND										
	b. CITY OR TOWN (if oulside corporele limits, write RURAL end give nearest town) Perry Point c. LENGTH OF STAY IN 1b 2 days										
	d. NAME OF HOSPI	TAL OR INSTITUTION	(if nol in	hospitel, give sl	reel address)	d. STREET ADDRESS					ESIDENCE
		Administr	atio			44	East 2	2nd			A FARM?
3.	NAME OF DECEASED	First		٨	Aiddle	Last	4. DATE	Month	Day	Yea	r
	(Type or print)	ISA		(NMI)	GORDON	DEATH	Janua	ry 4	19	61
S.	SEX	6. COLOR OR RACE 7. MARRI		RRIED X NEVER	MARRIED 1	B. DATE OF BIRTH			IF UNDER I YEAR IF UNDER 24 HRS.		24 HRS.
	Male	Negro			OLVORCED T	2/22/94	BULL	last birthday)	Months Deys	Hours	Min.
10	. USUAL OCCUPAT	ION (Give kind of wor	k 10E	. KIND OF BUSI	NESS OR INDUSTI		or foreign coun		12. CITIZEN	OF WHAT	OUNTRY?
00	Farm	rking life, even if relia	od)	Farmi	~ ~	Delawar			TTGA		
13	. FATHER'S NAME	6.7		r crimi	.IIB	1 14. MOTHER'S MAIDEN			USA		
	A	3		1-	-1						
100		drew Gordo		(deceas		Sadie Jo	nes (d	ecease	d)		
		fyes give war or dates of:		16. SOCIAL SEC				Address			
	Yes	WW I		unknow	n H	ospital Rec	ords. V	AH. Pe:	rry Poin	at. Me	d.
	Yes WW I unknown Hospital Records, VAH, Perry Point, Md. 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebral accident due to hypertensive cardiovascular										
15	disease.										
	geve rise to immediate cause										
	(a), stating the underlying DUE TO										
-	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
Ó	PARI II. OTHER						INAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)		ORMED?
3						d, severe.				YES X	NO [
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.	NUSE WAS DITRIBUTING [Ob. DES	CRIBE HOW IN	JURY OCCURED. (Enter nature of injury in Pa	rt I or Part II of it	em 18.)		-4-1	
1	20c. TIME OF INJU	RY Month, Day, Ye	er 20	d. INJURY OCC	URRED 20e. PLA	CE OF INJURY (Home, far	m, ! 20f. (City o	or town)	(County)		(State)
MEDICAL	Hour a.m.	19		hile Not Wh	110	tory, street, office bldg., etc	c.)				
	21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection K. Inquiry K. and in my opinion										
	death resulted from Natural causes A Accident , Suicide , Homicide , Undetermined manner										
	CHIEF MEDICAL EXAMINER										
	ACTUAL / CONTOUNDED ASSISTANT MEDICAL EXAMINER DATE SIGNED								NED		
	DEPLITY MEDICAL EXAMINER X 1-4-61										
	EXAMINER'S R. C. DODSON, M. D.							1	ing Sun,	Mary	land
22		N, 226. DATE THERE	-		OF CEMETERY OF		22d. LOCATIO			(Stat	
	Burial	1-7-61	0	Mt.					Delawa		
23	. FUNERAL DIRECTO	R Colw.	R. Y	BO MADDRES	SE.R.M.	24a. RE		R 24b. REGI	STRAR'S SIGNAT	TURE	
]	Edward R.	Bell, 909	Poj	plar St	. ,Wilmir	ngton, De AulA	N 6 '61	ant	hun S. Krau	us	

Lord Powell win I down a Richard Common of The Carlotte of the Control 0 Cit 9 Sant (Noneswid) neworketuel .. Andrew Unvolume (Labermen) The second resident are to a forestee and ending ,93, 531, ב "לפגוניטט בניסם ב, יום מונים שפי ביפ. The first and th R. C. Belleon, M. B. one in an albi white it foll, but togic the printing on the state of the state of 501

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL

CERTIFICATE OF DEATH

Reg. Dist. No.

00499

In L	Reg. Dist.	No.							
1	PLACE OF DEATH o. COUNTY Cecil 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of a STATE Maryland b. COUNTY Cec								
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give negrest town 1 day C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) North East								
5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital								
3.	NAME OF First Middle Lost of DECEASED (Type or print) Sarah C. Hamilton DEATH January	8 Yeor 61							
5.	SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Sept. 20, 1900 9. AGE (In years lost hirthday) Months Down Months Down	EAR IF UNDER 24 HR							
10	during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTI							
13	B11is Isaac Mary Tasker								
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no or unknown) 1 (If yes, give wor or dates of service) none John H. Hamilton Sr. North Bast, Ma	aryland							
		T days							
CATION		19. WAS AUTOPSY PERFORMED? YES NO							
CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)								
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of wark of wark of wark 19 of wark 19 Not while Not wark 19 Not w	nty) (State							
	21. I certify that I attended the deceased from 5/16, 1960, to 1/8, 1961, that I las alive an 1/8, 1961, and that death occurred at 7:45/1.M, from the causes and an the ACTUAL SIGNATURE M.D. North East 16								
	PHYSICIAN'S Klaus H. Huchuer M.D.	/ /							
2	20. BURIAL, CREMATION, REMOVAL (Specify) 21. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY North East, Qecil (Co., Md							
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE IN 12'61 Cast of the control o								

(e 28 - 13 C) C (e 28 - 14 C)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARIO

	202									
1. PLACE OF DEATH	H		ESCRETATION	2. USUAL RESIDE	NCE (Where decees			ence before admission)		
A	Cecil Maryland				a, STATE b, COUNTY					
	c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 18									
write RURAL and	give naerast town)									
R-i	sing Sun, I	2.D.		d. STREET ADDRES	g Sun, R.I	•				
d. NAME OF HOSPI	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)				S			IS RESIDENCE ON A FARM?		
								YES NO		
3. NAME OF	First		Middla	Last	4. DATE	Month	n De	The second secon		
(Type or print)	David		D II amma		OF DEATH		-0	19 67		
5. SEX	6. COLOR OR RACE		D. H anna	8. DATE OF BIRTH	19. AC	OF the waner	JIF UNDER 1 YEAR			
J. 02.1	U. COLON ON NOTEL				las	t birthday)	Months Deys			
M	W	WIDOWED		5-22-1880	8	O yrs.				
done during most of wo	ION (Giva kind of work orking life, even if retired	10b. KII	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sta	ta or foraign country)	12. CITIZEN	OF WHAT COUNTRY?		
Retired S			Harvey Co.	Md.			U.S.A			
13. FATHER'S NAME	alesman		#11.00 00 #	14. MOTHER'S MAIDE	N NAME		U a C a H	•		
Stepha	T II.			237 1 3 13						
	er in u.s. armed for		SOCIAL SECURITY NO. 17.	Elizabeth	Johnson	Address				
	fyes give war or detes of se		OCIAL SECOMITINO.	MIN OMPANIEZ		Addiesa				
_ ne				Grl Hanna	Rising Su	n. Md	•			
18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]								ONSET AND DEATH		
PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion									
4000	4-20 DUE TO									
Condition in										
	Conditions, if eny, which (b)									
The second secon	(a), stating the underlying DUE TO									
cause last.										
PART II. OTHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
TA	PERFORMED? YES NO X									
PART II. OTHER	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Pert II of Item 18.)									
PRIMARY OF CO	INTRIBUTING									
	IDV 14 11 D V	1001 11	THIRT OCCUPATE I DO B	ACC OF BUILDY (II	1 000 (67)	1	40	40		
20c. TIME OF INJU	RY Month, Dey, Yee	While		ACE OF INJURY (Home, feetory, street, office bldg., a		own)	(County)	(State)		
p.m.	19	at work				LITT.				
21. I certify th	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion									
death resulted	death resulted from: Natural causes XI. Accident I. Suicide I. Homicide I. Undetermined manner									
	CHIEF MEDICAL EXAMINER									
ACTUAL /										
SIGNATURE	SIGNATURE M.D. ASSISTANT MEDICAL EARMINGER									
EXAMINER'S		THE RESERVE OF THE PARTY OF THE		AL EXAMINER			18-61			
	NAME (Type) R, C, Dodson				ARibsisher, Sway, Midwy)					
22a. BURIAL, CREMATIC REMOVAL (Specify		F :	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town	, or country)	(State)		
B. S. S.	Jon 211	961	West n.tt.	- ol	Cale	er.	ml			
23. FUNERAL DIRECTO	R	70,1	ADDRESS	24a. R	EC'D BY REGISTRAR	24b. REG	ISTRAR'S SIGNA	TURE		
P. 11	I'm CA	> 1	0 , 1)"			1 - 1 - 1			
Days	1110	eled	Desing S	un Ma DATA	N 2 3 '61	-	1 8 H	4		
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1. PLACE OF DEATH a. COUNTY	000		MARYLAN	a. STATE		re deceased l	b. COUNTY		nce befar	e admissi	an)
b. CITY OR TOWN (If autside carporote limits	s, write c.	LENGTH OF STAY IN	Mar	yland TOWN (If out	tside carpora	COC: te limits, write R		give nea	rest tawn)
Port De			life	X Por	t Depo:	o1+					
d. NAME OF HOSPI	TAL-(If nat in hospital, given	ve street odd		d. STREET		316	1,		- (. IS RESI	DENCE
OR INSTITUTION	8. Mai	WS	4	11 0	· Mi	au	st				FARM?
3. NAME OF DECEASED (Type or print)	First		Middle	lo		4. DATE OF DEATH	Januar		Day 30		rear 9 61
S. SEX	Edwar		P. NEVER MARRIED	Hasso 8. DATE OF BIRT			. AGE (In years	IF UNDE			
Male		WIDOWED [4.41	last birthday) 79 yrs.	Months	Days	Haurs	Min.
100. USUAL OCCUPATION	ON (Give kind of work d	one 10b. KIN	ND OF BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (Stote o	r foreign cou	ntry)	12. CIT	IZEN OF	WHAT C	OUNTRY
Stationary	king life, even if retired) Engineer	Sc	hool	Mary				τ	JSA	1/2	
13. FATHER'S NAME				14. MOTHER	abeth						
Abraham H	asson				aneun	verra					- 11
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	and and		7. INFORMANT			Add				
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	219	9-18-950 9	Mary Eller	Hasso	n, Por	t Depos	it, N	Maryl	and	
Canditions, if a gave rise to i couse (a), stating lying couse last.	mmediate (DUETO	Se.	neveliz				CONDITION GIV	/EN IN PAI	RT 1(o) 11	O ey	S ·
PART II. OTI							•				RMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	JRRED. (Enter nature	af injury in Po	art I ar Part I	I af item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea 19	While _	IRY OCCURRED 20e Nat while at work	PLACE OF INJURY foctory, street, office			ir town)		(County)		(State
	at (I) (this haspital)	attended		1/	19.5	_	-30			, , ,	we) las
saw the desea	sed alive an	2	196/ , and the	at death accurre	ed all	M, fram f	he causes ar	d an th	e date		abave b. DATE
120. SIGNATURE	Mella	ers,	1	M.D. ATTENDIN		D. ECTOR	STAFF PHYS.		11.	31/	SIGNE
		-		22d. ADDI	RESS		-	10			
22c. PHYSICIAN'S NAME (Type) G. H	. Richards,	Jr.		Po	rt Dep	osit,	Marylan	d			
NAME (Type)	ON, 23b. DATE THEREO		23c. NAME OF CEMETER	RY OR CREMATORY		23d. LOCATION	ON (City, tawn,	ar caunty)		(Stote	
NAME (Type) G. H. 230. BURIAL, CREMATIC	Feb. 2	F 2	Asbury Ceme	RY OR CREMATORY		23d. LOCATION	ON (City, tawn,	ar caunty)	Mary	land	

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OF

VR A1S (4) 1SM 9/S9

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AND THE TRANSPORT OF THE PARTY fact are mainly with 150 facts with roit con 1-7-11 . https://www.march.com/ ZOL TO TEXT M a smeada . S. Valu .5 e er• : • 1 nolembed withouter of real and less - insay Larever tol rededed bet the same at c. todagon of the think thin, E.d. THE RESIDENCE OF THE PARTY OF T A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00502

	000		CERTIII	CAIL	OI DEATH				0000	10
1. PLACE OF DEATH a. COUNTY	Cecil		MARYLA	ND 2.	usual residence (who state aryla:	ere deceosed nd	I lived. If institution b. COUNTY		ce befare ac	dmission)
b. CITY OR TOWN RURAL and give	(If autside carporate limi nearest-town) V111e	ts, write	c. LENGTH OF STAY IN	16	e. CITY OR TOWN (If o		rate limits, write RU	URAL ond	give nearest	town)
	ITAL (If nat in haspital, g	give street	address)		d. STREET ADDRESS				0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Frances		Middle W •		Keesey	4. DATE OF DEATH	Janua		25 25	Yeor 19
Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED ED DIVORCED [□ 8. D/	TE OF BIRTH 9 , 187	7	9. AGE (In years loss brighday) yrs.	Months		OURS Min.
	TION (Give kind of work orking life, even if retired WIIE)	1	wn Home	INDUSTRY	11. BIRTHPLACE (Stote Marylan	_	ountry)	12. CIT	US A	A COUNTRY
3. FATHER'S NAME				14	. MOTHER'S MAIDEN N	NAME				In the
James	s L. Ward				Mary	Boyd	KENBIL			
1S. WAS DECEASED EX (Yes, no, or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	Mrs.		D. Ne	Addr eff,Perr		lle,M	d.
Conditions, if gave rise to couse (o), stoting lying couse lost	g the <u>under-</u>)	*arcivo			r			7	AND DEATH
CATIO		12.30	CRIBE HOW INJURY OCC			100		EN IN PAR	PI	ERFORMED?
(IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)		0	•					5 -11	(State
20c. TIME OF INJU Haur a. m p. m	10	While at wor	Not while		OF INJURY (Home, farm street, affice bldg., etc		A	,	(County)	(Sidi
	nat (I) (this haspita	und de	ded the deceosed fr		h occurred of	M, from	the couses on	d an th		(l) (we) la oted above
22a. SIGNATURE	Carendo	J.	6-	972 M.D.	ATTENDING MI	ED. RECTOR [STAFF PHYS.		lanze	22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		I. I	Benson,M.D	•	Port De	posit	,Md.	I		
230. BURIAL CREMAT	1-28-19		St. Mark		ematory Cem		TION (City, town, or Tyville			(State)
24. FINERAL DIRECTO	PS SIGNATURE	N. Va	ADDRESS Perryy		2So. REC'	D BY REGIST	RAR 256, REGIS		IGNATURE	

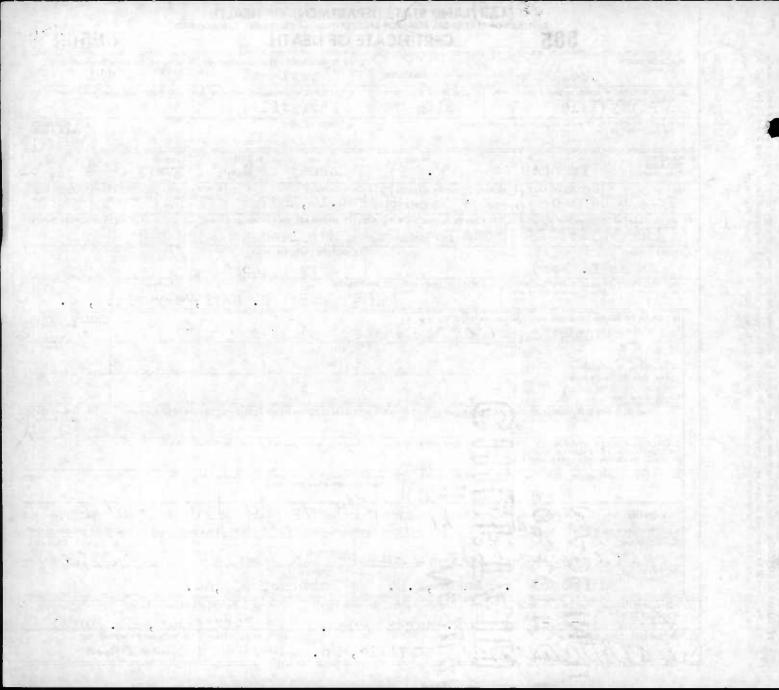
may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function of page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

*ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

er death. Page 4

TO HOSPITAL VR A15 (4) 15M 9/S9



VS A15 (4) 15M 9/58

M	IARYLAN	D STATE DEP	ARTM	ENT OF H	EALTH	-BAL	TIMORE,	18	0	OF B
	506	CERT	IFICA	ATE OF D	EATH	1		Reg. Dist		0504
1. PLACE OF DEATH a. COUNTY Ce	cil	MAI	RYLAND	a. STATE .	Mary		l lived. If instit b. COUN	utian: Residence	before odm	issian)
b. CITY OR TOWN (If autside corp RURAL and give nearest tawn)	parate limits, writ	c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (If or	utside carpo	rate limits, write	e RURAL and gi	ve nearest to	wn)
d. NAME OF HOSPITAL (IF not in I		10 Da	ays	d. STREET A		lkton			_ IC DI	ESIDENCE
OR INSTITUTION	on Hosi			d. STREET A	DDKESS	Rd	# 1		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First lifford	Midd P		Kellv.		4. DATE OF DEATH	N	Nonth I	Day	Year 1961
5. SEX 6. COLOR (ARRIED NEVER MARI	-	B. DATE OF BIRTH	1		9. AGE (In year		YEAR IF UNI	
M. W		OWED DIVORC		11/25/	1910	1500	last_birthday		Pays Haur	Min.
10a. USUAL OCCUPATION (Give kind during most af warking life, even	d of work done	0b. KIND OF BUSINESS	OR INDU	TRY 11. BIRTHPL	ACE (State of	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
Custodian	i ii felifed)	Scholl			Va				U.S.	A .
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
Richard					ra Sa	andid	age			
15. WAS DECEASED EVER IN U. S. AR (Yes, no, or unknown) (If yes, give war	RMED FORCES? or dates of service)	16. SOCIAL SECURITY N	10.	NFORMANT			A	ddress		
		<u> 227-05-632</u>	26	Virgi	nia l	Kelly	Rd #1	LElkto	on, Md	•
PART I, DEATH WAS CAL	USED BY:	cline far (a), (b), and (c Cirrhosi		the 1:	iver			u	INTERVAL PINSTION	DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO (c)									
PART II. OTHER SIGNIFIC. Acute co	ant condition ronary	infarcti	oh	NOT RELATED TO	THE TERM	60 SEASI	CONDITION	GIVEN IN PART	1(a) 19. WA: PERI YES [S AUTOPSY FORMED? NO
PART II. OTHER SIGNIFIC ACUTE CO 20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	DESCRIBE HOW INJURY	OCCURRE	O. (Enter nature a	f injury in P	art I ar Pari	II af item 18.)	ige n		
20c. TIME OF INJURY Month, Haur a. m. p. m.	Wh	wark at wark	fac	ACE OF INJURY (I story, street, affice	bldg., etc.)	or tawn)	(Co	ounty)	(State)
21. I certify that I attend	ded the dece	eased_fram	21	19 60	1:00	an	3 196	that I las	t saw the	deceased
alive on Jan. 2	1 1	611	ot deoth	occurred ot_		M, from	the couses		dote state	
ACTUAL SIGNATURE	Min	verns st		M.D						J/ 01
PHYSICIAN'S S. RAI	LPH AND	REUS, JR.,	M.L			Elkt	on, M	larylar	ıa	
22g. BURIAL, CREMATION, 22b. DAT REMOVAL (Specify) BURIAL 1/	TE THEREOF	22c. NAME OF CE			1		TION (City, tow	n, or county) uff	(St	Va
23. FUNERAL DIRECTOR'S SIGNATURE	E	ADDRESS	m		_	BY REGIST		GISTRAR'S SIGI		

and the state of t · manufaction of the contract ACT TO THE A MOTOR PLANT OF THE PARTY OF 7 THE STATE OF THE PARTY OF THE STATE OF THE S

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00505

	1. PLACE OF DEATH					2. USUAL RESIDE	NCE (Wh	nere decease			ence befo	re admissi	ion)
	a. COUNTY	Cecil		MARYL	AND	o. STATE	Mary	land	b. COUN	TY	SHE		V
A	RURAL and give no			NGTH OF STAY I					orate limits, writ	RURAL one	give ne	arest fown)
W II	Perry I			rs.8mo.	3daj			imore			3 NO1	4	
	d. NAME OF HOSPIT	AL (If not in hospital, gi	ive street address	s)		d. STREET AD	DRESS					e. IS RESI	FARM?
50		Administrat	tion Ho	spital		2	115		Fultor	Aver	ne		NO 😡
	3. NAME OF DECEASED	Firs	it	Middle		Last		4. DATE OF	A	lonth	Do	y Y	rear .
	(Type or print)		MES	E.		KEL:	LY	DEATH	Jar	uary	21	4	961
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	DIE B	B. DATE OF BIRTH			9. AGE (In year	Months		IF UNDE Hours	R 24 HRS.
	Male	White	WIDOWED [DIVORCED		1-20-8	38			rs.	Doys	Hours	Mill.
14	10a. USUAL OCCUPATIO	ON (Give kind of work d king life, even if retired)	lone 10b. KIND	OF BUSINESS OF	INDUS	TRY 11. BIRTHPLA	CE (Stote	ar foreign c	ountry)	12.CI	TIZEN O	WHATC	OUNTRY?
	Plumbe	r]	Plumbin	g.	Mary	rland	ı		533-17	USA		
1	13. FATHER'S NAME					14. MOTHER'S A							
I) N	Michael J.	Kelly	(deceas	sed)	Cathe	erine	e Car	roll (d	eceas	ed)		
/	15. WAS DECEASED EVE			L SECURITY NO.	17. IN	FORMANT		->-		ddress			
92	Yes, no, or unknown)	(If yes, give wor or dates of se		known	Ho	spital I	Recor	rds.	VAH. Pe	rrv P	oint	. Md	
	1B. CAUSE OF DEA	ATH Enter only one cou				0,000						ERVAL BE	
		TH WAS CAUSED BY:	Bron			ia bilat	eral				ON	SET AND	
	LIOV	IMMEDIATE CAUSE (a)	2201	iono prica	III OII.	Ia bilao	CIUI					T U	ays
	Condition it		Chno	nia nya	lon	ephritis	601	70770			1	_2 ***	oolea
33	Canditions, if a gave rise to i	mmediate (Oni	HIC Dye	1011	eburrers	sev	ere				-2 w	EEKB
60	cause (a), stating lying couse last.	the under-	Boni	em naoc	+ 0+	ic hyper	+ 22	har					
) (c) HER SIGNIFICANT COND							E CONDITION	CIVENI INI BA		unkn	
0	PART II. OTH	TER SIGNIFICANT CON	DITIONS CONTR	IBOTING TO DEA	ПВОТ	NOT KELATED TO	HEIERMI	INAL DISEAS	SE CONDITION	SIVEIN IIN FA	(K1 1(U)	PEREO	RMED?
2			001 0500005					0 11 0	. 11 - 6 ' 10 1			YES	NO 🗆
	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OC	CURRED). (Enter nature of	injury in	Part I ar Par	of item is.)				
		Y Month, Day, Yea	r 20d. INJURY	OCCURRED		CE OF INJURY (H			y or town)		(Caunty)		(State)
	Haur a.m.	VA 19		Not while	rac	tory, street, office	olag., etc.	-1					
		PARK KAKAKA				937 22	10	30	Tannary	25 10	61 va	COULT NOT U	TENNER
		SAMMAS XXXXX	•										
	22a. SIGNATURE	en alles our va		A and	that a	earn occurred	@ • <u>/</u>	νητιοm.	The causes	ana on ti	ne date		DATE
	2231 3131 1113112	CH 1 30				ATTENDING	- MI	ED.	STAFF X PHYS.				SIGNED
,	22c. PHYSICIAN'S	a.L. W	roca	ley		A.D. PHYS. 22d. ADDRES		RECTOR [PHTS.			1-25	-61
1	NAME (Type)	A. L. MOC	NEY A	sst.Clir	nica	1 Pathol	-	st. V	AH. Per	ry Po	int.	Md.	
	23a. BURIAL, CREMATIC	N, 23b. DATE THEREO		NAME OF CEME					TION (City, tow			(Stote	
0	REMOVAL (Specify)	1/38/	19/1	Baltime	ore	Nationa:	1	Be	ltimore	. Mer	ים [דרי	nd	
98	24. FUNDRAL DIRECTOR	S SIGNATURE	10/	ADDRESS				D BY REGIS		GISTRAR'S			
8	Fenningt	on & Jan	Havre	de Gra	ce,	Md.	DATE J	AN 31	61	arthur.	8. Ku	MA	

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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

508

00506

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (WH		If institution: Residen	ce before admission)
	Cecil	MARYLAND	Tennes			Marie Marie
Perry or town	(If autside carporate limits, write pearest tawn)	5 mo. 14 day	c. CITY OR TOWN (IF o		nits, write RURAL and q	give nearest town)
OR INSTITUTION	ITAL (If not in hospitol, give stree		d. STREET ADDRESS		77X	e. IS RESIDENCE ON A FARM? YES DATE:
			11	4. DATE	14 4	
3. NAME OF DECEASED (Type ar print)	RICHARI	Middle E.	LIGHTFOOT	OF DEATH	January	15 1961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UNDER birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Male	White WIDOW	/ED DIVORCED	11-16-92	68		Days Floors Mill.
during most af wo	ION (Give kind af work dane 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State		4 11 11 11 11 11	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Howit	UIRHOWH	14. MOTHER'S MAIDEN I			UDA
13. TATTER 3 TAME					1	
		foot (decease		eth Hart	men (dece	ased)
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	NFORMANT		Address	
Yes	WW-L I	Jaknown I	Mospital Reco	ords, VAH	, Perry P	oint, Md.
1B. CAUSE OF DE	ATH [Enter anly ane cause per	ine for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: P.	ulmonary infa:	rction & bron	nchopneum	nonia	1 week
513	DUE TO	,			Shoot III I I	
Conditions, if	P. College D.	elvic vein th	rombi aggoci	ated with	debilita	tion
gave rise ta	immediate (STATC ASTU CU.	TOMOT ASSOCT	avea witt	I GCDIII OC	,42011
couse (a), stating						Years
Iying cause last PART II. OT	THER SIGNIFICANT CONDITIONS	hronic emphys		IINAL DISEASE CON	DITION GIVEN IN PAR	PERFORMED?
3	100000000000000000000000000000000000000					YES NO
OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of	item 1B.)	
20c. TIME OF INJU Hour o.m.	10 While	t.	LACE OF INJURY (Home, forn octory, street, office bldg., etc		vn) (1	County) (Stote)
21 1 continue th	at XIX (XIXXXIXXXIXXXII) atten	ded the deceased from	Amoust 1 10	60 to Lanu	ary 15.106	1 acathoric (that are taken
	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
22g. SIGNATURE	Sea Since Not a A A A A A A A A	CAAAWAAAAnd that	death occurred dig 3	TO DE COM THE C	auses and an me	22b. DATE
22d. SIGNATURE	moone		ATTENDING M	NED. STA	AFF YS. 🕌	SIGNED
22c. PHYSICIAN'S	. 17100 100	4	M.D. PHYS. D	RECTOR PH	YS. 🛨	1-16-61
NAME (Type)	A. L. MOONEY	Asst.Clinical		, V. A. Hos	pital,Per	ry Point, Md.
23a. BURIAL, CREMATI REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY O			City, town, or county) nore, Mary	(Stote)
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25o. REC	D BY REGISTRAR	2Sb. REGISTRAR'S SI	
()	1 11	Journa da Cara-		AN 2 0 '61	1 ng	House
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission HEALTH DEPT. 1. PLACE OF DEATH Page a. COUNTY files. Health, a. STATE b. COUNTY necessary, Md. Cecil Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 18 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ector. write RURAL and give nearest town) Your ö Elkton Life Elkton Rural Rural Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for d. STREET ADDRESS retained State death. 3. NAME OF Middle 4. DATE Month DECEASED 2, and 3 to the with the LOTMAN DEATH Jan. (Type or print) ALFRED age 5 may be related 2 with the 72 hours after 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED last birthday) DIVORCED Male WIDOWED [This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired in pencil in Item 18. Give Pages 1, General Nr. Elkton, Md. Laborer File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Informantion) (No George Lotman Sarah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (If yes giva war or dates of service) with Mrs. Sophie Ann Lotman, Nr. Elkton, Md. 212-16-6732 I Examiner's Office along when be used as a burial-transit period of the used as a burial-transit period of the used as a burial-transit period of the used of the use of the us 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b gava rise to immediate cause DUE TO (a), stating the undarlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY [] or CONTRIBUTING [] MEDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, offica bldg., etc.) Not While 0 at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | 3 Inquiry TX Natural causes Accident . Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPUTY EXAMINER'S C. Dodson, M.D. Rising Suns (Strading, lown, or county) NAME (Typa) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Burial 40 6 Wesley Cem. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

a. IS RESIDENCE

YES NO IX

1961

IF UNDER 24 HRS.

Hours

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO X

(State)

and in my opinion

DATE SIGNED

(State)

ariling S. Kraus

Day

ON A FARM?

VS. A15ME 5M 7/59

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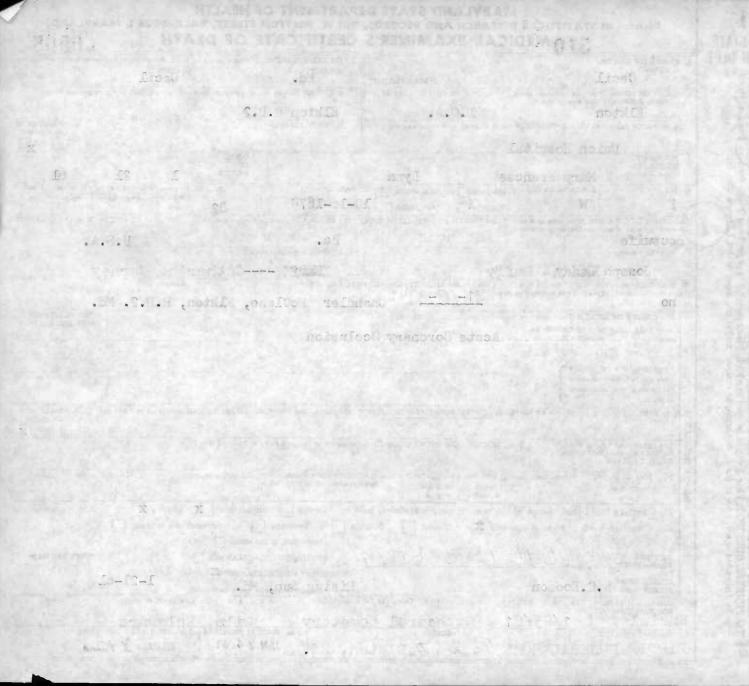
FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delignmess execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Grector. Page 4 should be forwarded to the Chief Medical Examiners's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH COUNTY S. STATE, 2 C. COUNTY CO

	PLACE OF DEATH				- 11	2. USUAL RESIDEN	CE (Where dece			ence before	edmission)
-	Cecil			MARYLAND		o. STATEMO.		b. cour	eil .		
	b. CITY OR TOWN (if write RURAL end	outside corporete limits give neerest town)		e. LENGTH OF STAY IN 18	Ь	c. CITY OR TOWN	If outside corpore	te limits, writ	e RURAL and giv	re neerest to	wn)
	Elktor			D.O.A.		A Elkton R.	D.2				
	d. NAME OF HOSPITA	AL OR INSTITUTION (if	not in hos	pitel, give street eddress)		d. STREET ADDRESS					RESIDENCE
-			13.1			1				YES	A FARM?
3	NAME OF	on Hospita		Middle	11	Last	4. DATE	Mont	h De		
٥.	DECEASED	11131				Losi	OF DEATH	Monn	0110001		
	(Type or print)	Mary Franc		Lynn				1	21	62	
S.	SEX	6. COLOR OR RACE	. MARRIE	NEVER MARRIED	100	DATE OF BIRTH		AGE (In yeers ast birthdey)	Months Deys		R 24 HRS.
1	E	W	WIDOWE	DIVORCED	I(0-16-1878	82	yrs.	Months Deys	nours	Min.
10	. USUAL OCCUPATION	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INDUS	STRY	11. BIRTHPLACE (State	or foreign countr	ry)	12. CITIZEN	OF WHAT	COUNTRY?
Houswife at Home Par						TT C					
	FATHER'S NAME		-	0 1101110	-	14. MOTHER'S MAIDEN	NAME		U.S.	A: a	
10.		WWWWYY D.	£ £					aud na	Common		
10		R IN U.S. ARMED FOR	e.J	SOCIAL SECURITY NO. 17	7.19		Cath	Address		У	-
(Ye	es, no, or unkown) (If	yes give wer or detes of sea	vice)	1_07_3341					A D Mass Invalle		
	TiO			minuscription and CI	lai	ndler McCla	me, Elk	ton, R.	.D.2. Md	•	
			ause per li	ne for (e), (b), end (c).]						NTERVAL BE	
		WAS CAUSED BY: MMEDIATE CAUSE (0)_	Acn	te Coronary C	000	Clusion				511521 71116	2271111
0	120	M DUE TO									
	Conditions, if any,								Shalls !		
9	geve rise to immedie	te ceuse							-		
	(e), steting the un	> DIJE TO									
	ceuse lest.) (c)_									
O	PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT	NOI	RELATED TO THE TERMI	NAL DISEASE CO	INDITION GIV	VEN IN PART 1(e)	19. WAS	AUTOPSY ORMED?
SAT										YES	NO T
CERTIFICATION	200. EXTERNAL CA		b. DESCRI	BE HOW INJURY OCCURED	. (Er	nter neture of injury In Pe	rt I or Pert II of ite	m 18.)			
	PRIMARY OF CON	AIRIBUTING []									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yeer				CE OF INJURY (Home, farrry, street, office bldg., etc.		r town)	(County)		(State)
VED I	Hour e.m.	19	While	1401 44 11110	9010	ry, sileer, office bidg., ere	"				
			the rem	ains described above,	hel	d en Autopsy ,	Inspection	I Inqui	ry 🗶 , ar	nd in my	opinion
-	death resulted &	on: Natural cau	ses 🖹	Accident . Su	Jicio	de , Homicide	, Unde	termined n	nanner 🗍		
		1) 0 01		1 1 10		CHIEF MEDICAL	EXAMINER				
	ACTUAL /	V / V /	11	P11117	1		DICAL EXAMINER			DATE SI	GNED
	SIGNATURE	Core	0	00/000	1	M.D.		_			
	EXAMINER'S R	.C.Dodson				Rising Sun	L EXAMINER A	unty)	1-21-61		
220	BURIAL, CREMATION	1, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR	CREMATORY	22d. LOCATIO	N (City, town	n, or country)	(Ste	ote)
E	REMOVAL (Specify)	1/25/6	1	Cathedral (Te.	meterv	Wilm.	Dela	ware		
_	. FUNERAL DIRECTOR			ADDRESS		24e. REC	C'D BY REGISTRA			ATURE	
F	PIPPIN FU	NERAL HOM	E //n	Au fr. Me Elki	to	n. Md NAT JA	N 2 4 '61	a	Thun S. Hu	acced.	
_			100	- A LINE TO THE		-7 PUAIE					



ADDRESS

24a. REC'D BY REGISTRAR

DATE

e. IS RESIDENCE ON A FARM?

YES NO T

Yeor

19

PERFORMED? YES NO NO

(State)

DATE SIGNED

(State)

24b. REGISTRAR'S SIGNATURE

Hours

0 VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

death.

hours

requires that

Li ed i ar se are	OP DEATH	CERTIFICATE	4	
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MARYLAND STATE DEPARTMENT OF HEALTH-HALTHIGHE, 10

firer death: Page 4 funeral director, should be filed with		PLACE OF DEATH 5. COUNTY Cecil 6. CITY OR TOWN (If outside corp RURAL and give progress lown) PETTY FOR TOWN
s after d		d. NAME OF HOSPITAL (If not in OR INSTITUTION VA=Hospital
vithin 24 haurely filled in B Pages 1 and	3. (NAME OF DECEASED (Type or print)
withir letely f	5. 9	Male 6. COLOR C
xecuted d compl papers leath.	10a	. USUAL OCCUPATION (Give kind during most of working life, even
he e arbor	13.	FATHER'S NAME
death certificate be executed attending physician and comple please remave carbon papers. within 72 haurs after death.	(Yes	W. P. Mar WAS DECEASED EVER IN U. S. AR In no. or unknown) Yes WW
death tendin olease ithin 7		18. CAUSE OF DEATH [Enter of
quires that the grand by the a permit. Then I in any event v		PART I. DEATH WAS CAL IMMEDIATE Conditions, if any, which gove rise to immediate couse (o), stoting the under-
HOSPITAL ATTENDING PHYSICIAN: The law required by the haspital or entending physician. FUNERAL DIRECTOR: After this certificate has been singed 3 should be detached for use as the burial-transit he registrar priar to burial, crematian, ar remaval, and	CERTIFICATION	PART II. OTHER SIGNIFIC
HAN: Ti tending ificate h the bur ar ren		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF CHIEF CONTRIBUTION OF CHIEF CH
PHYSIC al ar at this cert inse as ematian	MEDICAL	20c. TIME OF INJURY Month, Hour a. jt. p. m.
ATTENDING by the haspit TOR: After t detached far ta burial, cr		21. I certify that attendation
ATTER d by the RECTOR: be deta or to bu		ACTUAL SIGNATURE OF LEA
retained to RAI DIRECT should be strar prior		PHYSICIAN'S NAME (Type) AT.RERT
HOSPITAL nay be retai FUNERAL vage 3 shaul he registrar	220	Burial, CREMATION, 22b. DAT

VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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512	CERTIFICA	AIE OF DEATH		Reg. Dis	t. No. ((151A)
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland			bot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pegrest town) Perry Point, Md.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Oxford	utside corporate limi	its, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION VA=Hospital Perry Po		d. STREET ADDRESS	2	0 X-2	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First DECEASED (Type or print) James	Middle Edwin	Martin	4. DATE OF DEATH	Manth	28 ^{Pay} Year 61
5. SEX 6. COLOR OR RACE 7. MARR White WIDOW!		B. DATE OF BIRTH	9. AGE lost,	(In years or	Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Artist	KIND OF BUSINESS OR INDUS	Virginia		12. CIT	U.S.A.
13. FATHER'S NAME W. P. Martin		14. MOTHER'S MAIDEN N	La Cardoz	0	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Yes (If yes, give wer or dates of service) WW II		NFORMANT A Hospital Re	ecords -	Address Perry Poi	nt, Md.
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	Peritonitis Disruption of a	carcinoma of	1-23-61 recto-sig	moid colon	INTERVAL BETWEEN ONSET AND DEATH 3 days If I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	Port I or Part II of ite	em 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. If Hour a. n. 19 While at wor	Not while foo	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or low)	n) (C	ounty) (State)
ACTUAL SIGNATURE OR DEAT L. M	ed from. 1 5 61	occurred at_8:00	M, from the and ADDRESS (Street, city	causes and an they ar town, state)	
PHYSICIAN'S NAME (Type) ATREPT I. MOONET 220. BURIAL CREMATION. 22b. DATE THEREOF	Y.M.D. Asst. C	Linical Pathol		Perry Po:	int, Maryland
REMOVAL (Specify) Barria 2 23 UNERAL DIRECTOR'S SIGNATURE	Arlington Na	ational	Ft My	er, Virgin:	ia
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE DIMEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) s nec. P. cirector. P. cour files. e. COUNTY a. STATE b. COUNTY MARYLAND Md. Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest lown) Port Deposit R.D.1. Md. all life Port de sit RD 1 ALI 1716
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar o "in pencil in Item 18. Give Pages 1, 2, and 3 to the funer Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with a retained novel, and in any exercit NAME OF Middla Last 4. DATE Month DECEASED OF (Type or print) DEATH Louise McMullen 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last birthday) WIDOWED DIVORCED 55 10a. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dona during most of working life, even if retired) Pa. Housewife Keeping House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Alexander Mary Amelia Grant EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or detes of service) Joseph Allen McMullen, Port Deposit R.D. L. Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO removal. (b) ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (e), steting the underlying 6 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm,) Month, Dev. Yeer 20f. (City or town) factory, street, office bldg., atc.) While prior to Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T Inquiry -MEDICAL designated agent, death resulted from Suicide Undetermined manner Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) NAME (Type) R.C. Dodson 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q40 0 Buris 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR ADDRESS VS. A15ME DATE JAN 2 5 '61 arthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

ONSET AND DEATH

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

ma

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

Dey

22

Months

U.S.A.

(County)

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CERTIFICATE OF DEATH 515

Reg. Dist. No.

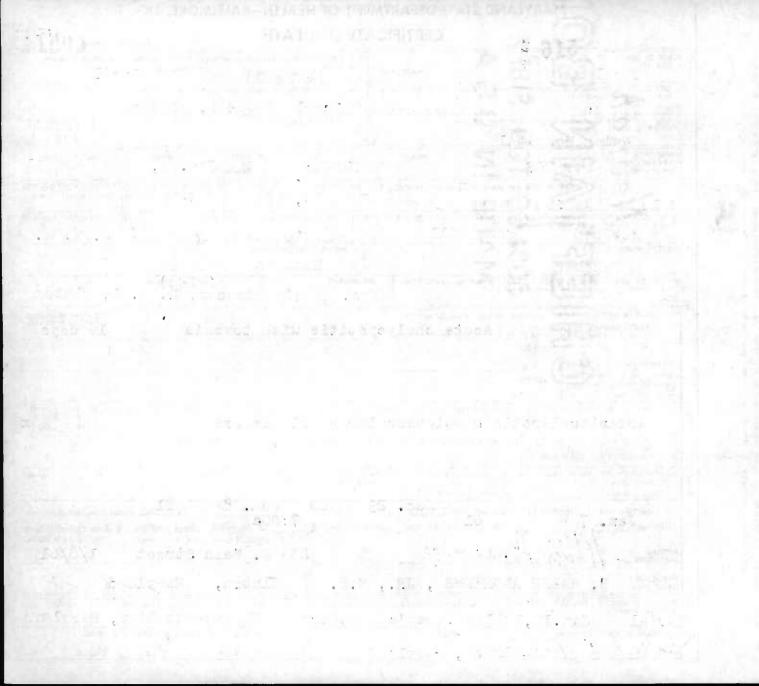
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1. PLACE OF DEATH					2. USUAL RESIDE	ENCE (W	here deceased	lived. If instituti		0 00	ore admiss	ion)
Ce	cil		MAR	RYLAND	M. Sinte	ary.	land	b. COUNTY	Ced	cil		
RURAL and give n		ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	OWN (If	outside carpoi	rote limits, write R	RURAL and	give ne	arest town	1)
Rural	- Elkton		10 yrs		R. D	. 5,	Rura	I E	Ikto	n,		
OR INSTITUTION	ITAL (If not in hospital, g				d. STREET AD	DRESS					e. IS RES	FARM?
Residence	e- R. D.	o, E	lkton, M	[d.	-			Maryl	and			NO 🔀
3. NAME OF DECEASED	Fir		Midd	le	Last		4. DATE OF	Mor	nth	Do	у	Year
(Type ar print)	Rober		Earl		Mille	er	DEATH	Janua:		5		1961
5. SEX		7. MARR	RIED TO NEVER MARE	RIED 🔲	B. DATE OF BIRTH		4 12 4-2	9. AGE (In years last birthday)			-	ER 24 HRS.
Male	White	WIDOW	ED DIVORC	ED 🔲	June 19	, 19	14	46 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA	CE (State	or foreign co	ountry) *	12. C	ITIZEN C	OF WHAT	COUNTR
during most of wor	rking life, even if retired		ushroom (2220 III	er Tucke	obac	70 70			TT	a	Λ
13. FATHER'S NAME		1/17) moo iiida	AT O AA	14. MOTHER'S A				10. 14		D.	A.
	Unknowr	,			Do	70.0	** 7 7	D: 1 -	7			
15 WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	0 17 6	NEORWANT	re IV	TTTTer	Richa		n		
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)						- Add	ress			1
Yes	W W 11		34-14-599		rs. Paul	line	Mill	er, R.	D 5	E	lkto	n, Mc
	ATH [Enter only one co		ne for (a), (b), and (a	3.]					-		ERVAL BE	
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	, (Jarci nome	of	the sto	mag	h				nont	
151	DUE TO		CONTRACTOR AND							1	mart.	113
Conditions, if	any which \											
gave rise ta	immediate							-			-	
cause (a), stating												
lying cause last.	, 10	V										
PART II. OI	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERM	INAL DISEASE	CONDITION GIV	VEN IN PA	RT 1(0)	PERFO	AUTOPSY RMED?
5	1-000-11-000-1										YES [NO
PART II. OT	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of	injury in	Part 1 or Part	II of item 18.)				
	MEDICAL EXAMINER)											
	RY Month, Day, Yes		NJURY OCCURRED	20e. PL	ACE OF INJURY (Hotory, street, office b	ome, farn	n, 20f. (City	or town)	1150	(County)		(State)
Hour a. n.	19	While at wor	k at work	10	ciory, street, office t	olag., erc						
				7	E 10 60	. т	lon 5	.67				
	hat I attended the											
alive an2	in 2	7, 12	and the	it death	accurred of	:20a	M, from	the causes of	and an	the da		
ACTUAL	MI DA N	1	14				ADDRESS (St	reet, city or town,	state)		DA	ATE SIGN
SIGNATURE	11 2012	114	reme,		M.D	233	EN	Tain St	reet	•	1/6/	61
PHYSICIAN'S	1.	-	()									
NAME (Type)	S. RALPH	ANDI	REWS, WR	., M	.D.	H	Elkton	M.	aryl	and		
22a. BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEA	METERY O	R CREMATORY		22d. LOCAT	ION (City, tawn,	or county		(Stat	e)
Burial	1/7/67		Tucker		Cemeter	277			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	~	
23. FUNERAL DIRECTOR			ADDRESS	1 190		~	D BY REGISTI	erdale	STPAP'S C	IGNATIO	RE	
Galal	C 21/2 /	4371-4	on. Mary	-7 0							n 6	
	C, / Tuesca	BIKT	on. Mart	Jan	u I	DATEAN	1 3 '61	O.Il	110 8	Troub		

TO HOSPITAL OF STENDING PHYSICIAN: The tow requires that the vertice vertices and completely filled in by the funeral director, may be retained by the hospital or attending physician and completely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye sorbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

517

Reg. Dist. No.

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0	V	U	JL.	Đ.

	1. PLACE OF DEATH o. COUNTY	ecil		MARYL	AND		aryla		l lived. If instituti b. COUNTY		nce befo	re admiss	ion)
	b. CITY OR TOWN (If RURAL ond give ne Perry Po		ts, write	c. LENGTH OF STAY IN 28yrs.9mo.			WN (If o		ote limits, write R	URAL ond	give ne	rest town	4
	d. NAME OF HOSPITA OR INSTITUTION Veterans A	AL (If not in hospitol, g dministrat				d. STREET AD 4627		ordene	Road				IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Fir		Middle S •		lost MORTIN	ÆR	4. DATE OF DEATH	Mor Janu		Do	,	Year 1961
				8-28-9			9. AGE (In years losboirthdoy) yrs.		R 1 YEAR Doys		R 24 HRS. Min.		
	10a. USUAL OCCUPATIO during most of work Farmer 13. FATHER'S NAME	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR Farming	INDUS		ylar	nd	untry)	12. CI	USA		COUNTRY
	IS. WAS DECEASED EVER	mes E. Mor IN U. S. ARMED FOR If yes, give war or dates of M	CES? 16.		17. IN	Sally	Can	nper	Add	ress			
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ly, which characteristics (b)	My My	unknown ne for (o), (b), ond (c).] ocardial in	nfai		old	& rece		rry I	INTI	t, M ERVAL BE SE48ND unkn	TWEEN DEATH
	20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	erio	CONTRIBUTING TO DEAT SCIETOSIS, CRIBE HOW INJURY OCC	ger	neralize	d, s	evere		EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY PRMED? NO
	YOUR HOUR O. J. p. m.	Month, Day, Yec	While	NJURY OCCURRED Not while k of work		CE OF INJURY (He ory, street, office b			or town)	(County)		(Stote)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	L. MOONE	x x 19x x x 19x x x x 19x x x x 19x x x x	ed from March XXXXX and that c	leath	occurred at_	9:55; ry P	D.M. fram ADDRESS (Sh Oint,	the causes of th	and an i stote) id nt.		te state DA	
	22a. BURIAL, CREMATION REMOVAL (Specify) DEMOVA 23 (ONERAL DIRECTOR)	1/5/6		22c. NAME OF CEMET Metho		t Churc		St.	Michael	ls, M		(Stote	2)
A.	from the same	1 / /	Hav	re de Grac	e,	Md.	PATE AT	D BY REGISTS		STRAR'S SI			

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MARYLAND STATE LEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH

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Items 18-21 I-17-61 am ams Division of STATIATICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution; Residence before admission) a. COUNTY Page Health, a. STATE b. COUNTY your files. Cecil MARYLAND Md. Cecil b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) YOUR 50 write RURAL end give nearest town O Elkton 6 hrs Port Deposit, R.D. Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for . IS RESIDENCE ON A FARM? may be retained for with the State Bours after death. in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral be retained Union Hospital YES NO T 3. NAME OF Middle 4. DATE last Month Dev DECEASED OF (Type or print) eE DEATH 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS. of File pages Yand Zwith event within 2 hours last birthday) Months WIDOWED [IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Student School US A. Va_ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joel H. Parks Shirley permit. File Richardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes giva war or detes of servica) Office along with burial-transit permi Jeel H. Parks Port Deposit. R.D.Md. 18. CAUSE OF DEATH |Enter only one cause per lina for (e), (b), and (c), INTERVAL BETWEEN = ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Congestion and oedema of lungs IMMEDIATE CAUSE (a) DUE TO Gastro enteritis from bacterial infection Conditions, if any, which (b) gava rise to immediate cause 10 Medicel Examiner's DUE TO (e), steting the undarlying 98 Shigella Sonnei infection 0 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating designated agent, prior to burial, cremating the companion of the NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, offica bldg., etc.) Not While at work Fi ome Pert Deposit R.D. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X and in my opinion TEDICAL death resulted from: Natural causes of Accident / Suicide Homicide Undetermined manner [CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Add Risingly Sun or chicky R.C. Dodson 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Nottingham Miss.Bapt.Cem., Nottingham, 240 Burial ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME lkton. Maryland 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

I. T. I' birs. ci., ... 3 11. C 7 Ing mid-1 de de con bondersilon of color of the retro estrator, o order 1 la material 7 . A Female Bash w The state of the s

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Aberdeen. Md.

VR A15 (4)

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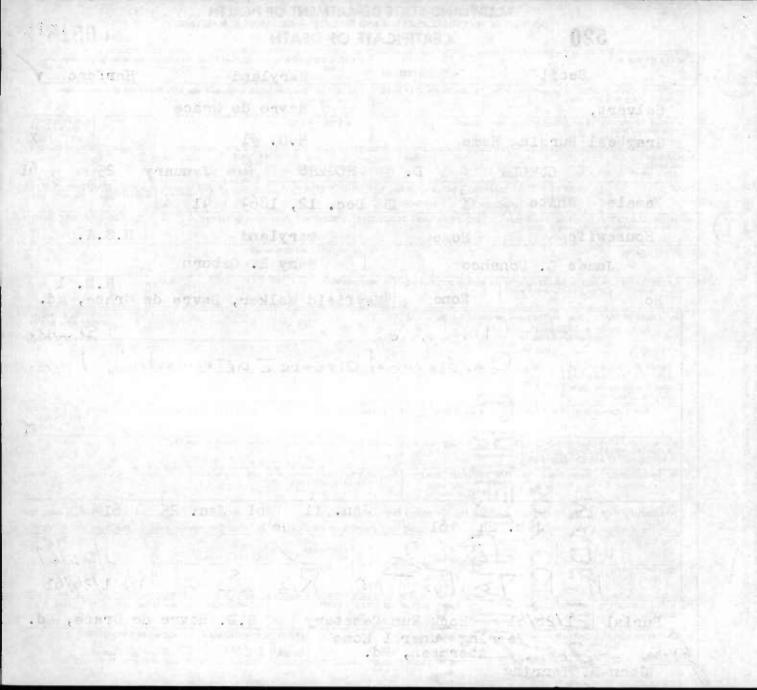
John

60518

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Habford c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Yeor Day 61 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. R.D. Mavfield Walker. Havre de Grace. Md. INTERVAL BETWEEN ONSET AND DEATH Isease & afteriosclera PERFORMED? YES NO NO (State) (Caunty) ... 19 61 to Jan. 25 ... 19 61 that (I) (we) last 19.61, and that death accurred at HP.M. from the causes and on the date stated above. 23d. LOCATION (City, tawn, ar county) (State)

arthur S. Frank

DATE AN 3 0 '61



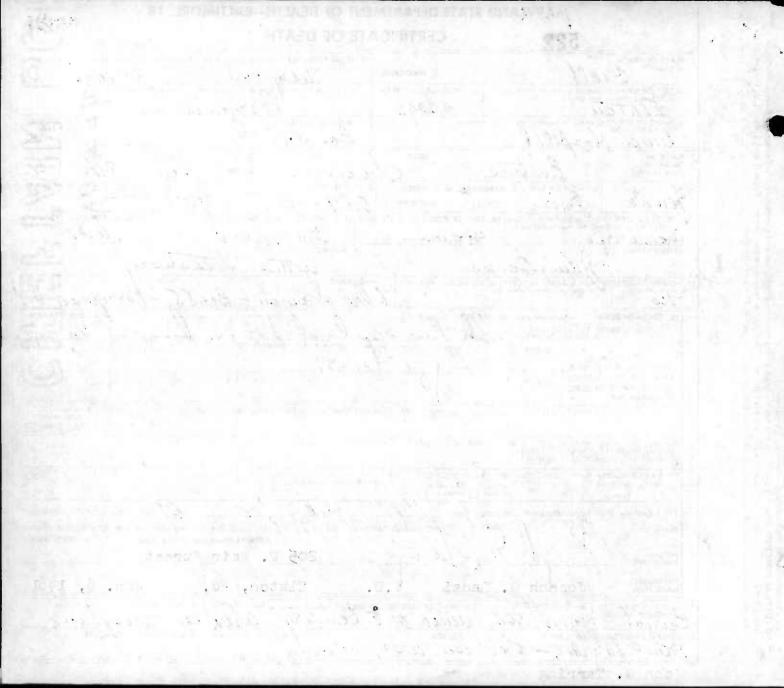
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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e. IS RESIDENCE ON A FARM?

YES NO X

Yeor

19 61

Rea. Dist. No.

Cecil

Day

12. CITIZEN OF WHAT COUNTRY?

Maryland

(County)

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 4

> > (State)

(Stote)

25

Days

Months

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE JAN 3 0 '61 arthur & Kross

VS ATS (4) 1SM 9/SB

5 1 San Princip La sinol J.m. la feur amend de equal company de la company Application of the second seco A Property of the second secon ··· , 11. into June June property in the contract of the Established to the sample. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

60522

		244		CERTIF	ICATE	OF DEATI					
1.	PLACE OF DEATH a. COUNTY	Cecil		MARY		usual residence (wo state Maryl		d lived. If institution b. COUNTY	an: Residence	e befare adm	issian)
	b. CITY OR TOWN (III	f autside carporate limits arest town)	, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orate limits, write RI	JRAL ond gi	ve nearest to	wn)
	Perry P	oint		20 days		Balti	more	- 11411		3101.	
	d. NAME OF HOSPIT OF INSTITUTION Veterans	AL (If not in haspital, giv				d. STREET ADDRESS				ON	A FARM?
	veterans	Administr	ation	nospita.	Τ	3044 6		rd Avenu	e	YES	□ ио
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF DEATH	Mon		Day	Year
_	(Type ar print)		VID	A.		SHAGER	DEATH	9. AGE (In years		YEAR IF UN	19 6
à.	SEX			NEVER MARRIE		ATE OF BIRTH		last birthday)		Doys Hour	_
	Male		WIDOWED			May 4, 19	F	27 yrs.	In ciris	The OF Wales	COUNTE
10	 usual occupation during most of work 	ON (Give kind of work de ing life, even if retired)			R INDUSTRY	C CYLTENAL		cauntry)		EN OF WHAT	COUNTR
_	True	ker	R	ailroad		Michiga			I	USA	
13	. FATHER'S NAME	100 CT 100 CT	,			. MOTHER'S MAIDEN					
/		nthony Sha				June Sch	lew				
15	. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. SC	CIAL SECURITY NO.	. 17. INFOR	MANT		Addi	ress		
		PL-28 Kore	an	unknown	Hosp	ital Reco	rds,	VAH, Peri	cy Poi	int, M	d.
-	18. CAUSE OF DEA	TH Enter only one cau	se per line	far (a), (b), and (c).	1					INTERVAL	
		TH WAS CAUSED BY:		carditis		1190				1 we	
	1120	IMMEDIATE CAUSE (a)	113 0	Oal al olb	, 4111	abc				1 110	025
	700,	O DUE TO	A	4- b		ndocardit	4			E	-1
	Canditians, if o	mmediate (D)	Acu	te bactel	LIST 6	naocarar	18) we	eks
	cause (a), stating										
_	lying cause last.) (c).								24 . 120 . 14/4	CALITOR
CATION	PART II. OTH	ier significant cond	oitions <u>co</u>	NTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART	PER	FORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED. (E	nter noture of injury i	n Part I ar Pa	rt II af item 18.)			
MEDICAL	20c. TIME OF INJUR Havr a. m. p. m.	Y Manth, Doy, Yea VA 19	While at wark [URY OCCURRED Nat while of wark		OF INJURY (Home, fo street, affice bldg., e		y ar tawn)	(C	aunty)	(Sto
	21. I certify tho	HANGE MET STEELEN STEELEN	Xattende	d the deceased	fram Ja	nuary 1 1	961, tas	January :	21, 1961	LXXXXXX	XXXXX
		XXXXXXXXXXX									
	22a. SIGNATURE					100 A T T A T					22b. DATE
	a.	L. mo	on	ey	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS. 1		1	-21-
	22c. PHYSICIAN'S NAME (Type)	A. L. MOON	EY, A	sst. Clin	nical	22d. ADDRESS Pathologi	st, V.	AH, Perr	y Poin	nt, Md	
23	Bo. BURIAL, CREMATIC	N. 23b. DATE THEREO	F	23c. NAME OF CEM				ATION (City, tawn,			tate)
	REMOVAL (Specify)	1/25//	961	Baltim	ore Na	tional	Ba	ltimore,	Mary	land	
24	, FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a. RE	C'D BY REGIS		STRAR'S SIG		
	Panning	rate to	Hav	re de Gr	ace.	Md . DATE	JAN 31	'61 O.	uthur S.	Kines	

TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detoched far use as the buriol-transit permit. Then please remave carban pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VR A15 (4) 1SM 9/59

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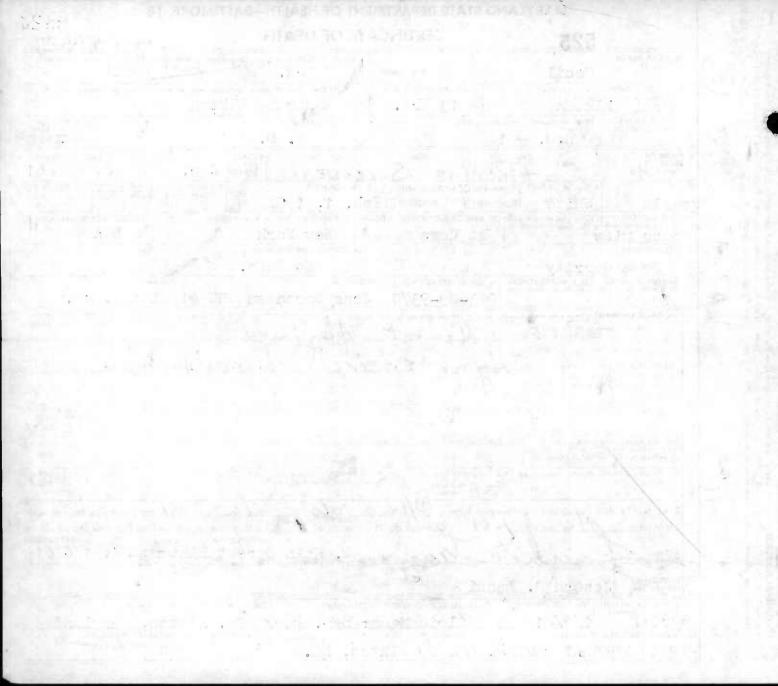
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			ATE DEPART <i>N</i> CERTIFIC	ATE OF DEATH	I—BALTIMO I		0.050
	525		CERTITIO	"		Reg. D	111111111111111111111111111111111111111
a. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (W) o. STATE Md.		f institution: Resider	
RURAL and give Rural	N (If autside corporate limits e negrest town) ELKTON	, write c. Ll	13 Yrs.	c. CITY OR TOWN (IF a			give nearest town)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in haspitol, given R.D. #	e street oddre	ss)	d. STREET ADDRESS). # 1		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print)	First	h En	Middle	Last rensen	4. DATE OF DEATH Jan	Month	6, 196°
5. SEX		_	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	In years IF UNDER	N 1 YEAR IF UNDER 24 HP
emale	111-100 - 0	WIDOWED [DIVORCED	'eb. 1, 1902 STRY 11. BIRTHPLACE (State			7551 05 144147 5041117
during most of w	drking life, even if refired)	1	Home	New Yor			USA
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME		
John	Gerrity			No Ir	ifo.		
15. WAS DECEASED E	EVER IN U. S. ARMED FORC		AL SECURITY NO.	NFORMANT		Address	
No	(IT yes, give war or dates of ser	0936	609-9370	Jens Sorens	sen RD #	1 Elkto	n, Md.
Conditions, if gave rise to cause (a), stotic lying couse los	immediate DUE TO	Hyp	ertsn:		lio Yasou		1.5 E
CATI				NOT RELATED TO THE TERMI D. (Enter noture of injury in I			PERFORMED?
	WAS UNDERLYING D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	OD. DESCRIBE	HOW HAJORI OCCURRE	D. (Line) Holore of Injury In I	OIT TO TOTT IT OF HE	11 10.)	
20c. TIME OF INJ Hour o. n p. n	n. 10		OCCURRED 20e. PL Not while foot work	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc.	, 20f. (City ar town)	(Caunty) (Stat
21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Joseph G.	leceased fr	and that death	occurred ot Main S	M, from the cou	uses ond on the or town, stote)	ast saw the decease e date stoted obov DATE SIGNI d. 1:/6/61
22a. BURIAL, CREMAT REMOVAL (Speci Burial		22c.	NAME OF CEMETERY O	R CREMATORY OF Mem. Parl	22d. LOCATION (City	3.1 3.6	(Stote)
23. FUNERAL DIRECTO	OR'S SIGNATURE UNERAL HOME	(i)	ADDRESS	24a. REC'	A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4b. REGISTRÁR'S SI	The state of the s



	526	CERTIFICA	ATE OF DEATH	Reg	66524 g. Dist. No.
	1. PLACE OF DEATH o. COUNTY ('EGIL	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution: Re b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL	
)	d. NAME OF HOSPITAL (If not in hospital, give street or INT) OR INSTITUTION MOREAN NURSING.	et oddress)	d. STREET ADDRESS	e City	e. IS RESIDENCE ON A FARM? YES NO IX
	3. NAME OF DECEASED (Type or print) Thomas	Middle Veasey	STRADLEY	4. DATE Month OF DEATH Jan	Day Year 25 19 61
	5. SEX 6. COLOR OR RACE 7. M/	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 21. 1		NDER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Ret. Carpenter	%. KIND OF BUSINESS OR INDU Retired	STRY 11. BIRTHPLACE (State of Nr. Cecil		2. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
1	Henry Stradley 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 117. I	no in	formation	
1	(Yas, no. or unknown) (If yes, give war or dates of service)			Address dlev. North A	tlanta. Ga.
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (a), (b), and (c).] $KTERICSC$		HEART DIES	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b)				
	gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO				
1	, (c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
	UR CONTRIBUTING LI CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	TIS COM
	Hour a. n. Whi		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the dece	1 1 //	2 , 196/ , ta /	and the same of th	at I last saw the deceased
	ACTUAL SIGNATURE	6-8		ADDRESS (Street, city or town, state)	an the date stated above. DATE SIGNED
	PHYSICIAN'S AGNRY V.	DAVIS	OHTCA	PEAKECIM	1 190 1 761
	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or cou	nty) (State)
	Burial 1.20 61	Bethel Co	metanir	Na Chaganasi	Older 363

24a. REC'D BY REGISTRAR

'61

DATE JAN 3 1

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

ADDRESS

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

funeral director, 2 should be filed with

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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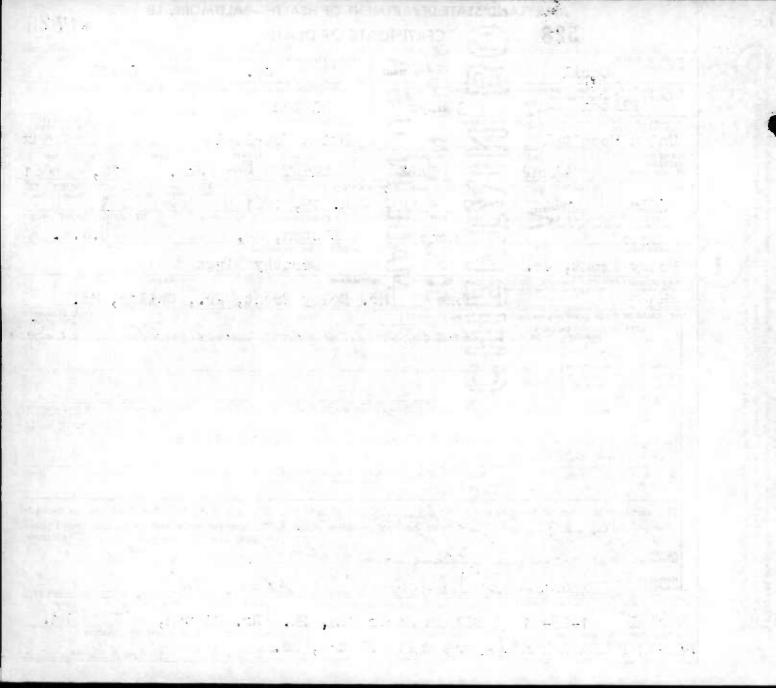
		241		CERTI	FICATE	OF DEATH				O. C) () N	()
1.	PLACE OF DEATH					USUAL RESIDENCE (W	here deceased		on: Resider	nce before	e admiss	ion)
	o. COUNTY	ecil		MAI	RYLAND	d. STATE Mary	land	b. COUNTY	Ce	cil		
Т	b. CITY OR TOWN	(If autside carporate limit	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF		rote limits, write R	URAL and	give near	est town)
	Perry F			18 day	78	X Port	Depos	it				
	d. NAME OF HOSPI	ITAL (If not in hospital, a	ive street			d. STREET ADDRESS				е	. IS RES	
	OR INSTITUTION	Administra	tion	Mognita		/ R.D.	#1					FARM?
=	NAME OF	Fire		Midd		Last	4. DATE	Mon	. h	Day		eor e
	DECEASED (Type or print)		RL		oulsor		OF DEATH		lary	16		961
	SEX	6. COLOR OR RACE				ATE OF BIRTH		9. AGE (In years	IF UNDER			
Ï	Male	White	WIDOWI			4-2-95		last birthdoy)	Months	Doys	Hours	Min.
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	during most of wo	rking life, even if retired)	die iob.		OK HADOSIKI			,,		SA	······································	00111111
2	FATHER'S NAME	er		Farming	1	Maryland				SA		3 (6)
٥.			m	1.	-1							
_		am Harvey					Coulso	n (dece	ased)			
	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	200			Add	ress			
	Yes	WW-I	2	16-01/18	Y Host	ital Reco	rds, V	AH, Per:	ry Po	int,	Md	•
	18. CAUSE OF DE	ATH [Enter anly one ca	use per li	ne for (o), (b), and (c).]						EVAL BE	
	PART I. DE	ATH WAS CAUSED BY:	Br	onchonne	monia.	right lu	no				T AND	davs
	20	IMMEDIATE CAUSE (o)	,					74 - TANK				a cay
	C. (10)		۸ -			I mark a met a				7		
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	couse (o), stoting									7.11		
Ļ	lying cause last	, (c										
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON		tes mell		RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 19	PERFO	NUTOPSY RMED?
5		ע	Tabe	tes merri	Lus			16.2716			YES	NO 🗌
ZIE	200. ACCIDENT W	AS UNDERLYING CONTRACTOR	20b. DES	CRIBE HOW INJURY	OCCURRED. (E	nter nature of injury in	Part I or Por	t II of item 1B.)				
	(IF EITHER, NOTIF	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yes	r 20d. II	NJURY OCCURRED		OF INJURY (Home, far		or town)	(County)		(Stote
(ED)	Hour a.m.	19	While	k Nat while	foctory	, street, office bldg., et	c.)					
M	p. m.	VA			70		(0)		76.6	7		
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		CRCK CALL AND CACK	XXXX	XXXXXXX	d that deat	h accurred of \$4	DAM Fram	the causes an	d an th	e date		
	22a. SIGNATURE					ATTENIDING	450	CTACE			221	SIGNE
	(4	. L. m	07	men	M.D.	ATTENDING N	NED.	STAFF PHY9			1-1	7-6
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
	- Trank (Type)	A. L. MOON	EY	Asst. Clip	ical P	athologist	t, V. A.	Hospital	,Per	ry P	oin	t, Md
23	BURIAL, CREMATI	ON. 23b. DATE THEREO	F	23c. NAME OF CE	METERY OR CE	EMATORY	23d. LOCA	TION_(City, town,	or county)		(Stat	e) .
	REMOVAL (Specify		61	HODEL	112/1	A)	Vac	Port	10	Dos	7	MI
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24	15	E 700	10	10.0	O fur !) /			SIKAK S SI	ONATOR	2	
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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 22 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO HOSPITAL VR A1S (4) 15M 9/59

death. Poge 4

canoger that it evides of the contract versal Tental Land Took Meeting of (fermion) manus sharp in (brancon), and gave have the - t - eighty to the month of the state of th THE PERSON WAS A COMMENT OF THE PERSON OF TH mol wanner and the commendation of the comment of t The state of the s and the first to be the firm to extract the The state of the second of the MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ir death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY			MARYLA		a. STATE		L CON		n: Resider	nce befar	re admiss	ion)
	cil					ylvan						1
b. CITY OR TOWN (If a RURAL and give near	utside carporate limi est tawn)	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF		orate limits, wr	ite RU	RAL and	give nea	irest tawi	1)
Perry Boi	nt		30 years	3	Pitts	burgh	H.S.M.					
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, g	ive street	htmo.28days		d. STREET ADDRESS		-	25	-	2	e. IS RES	FARM?
Veterans Adm	inistrat	ion :	Hospital		202 Lehi	gh		-0	1	7		high DW
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE		Manth	1	Da	У	Year
(Type or print)	AN:	DREW	C.		TROMBLEY	DEATH	Jan	uar	У	17		1961
5. SEX 6	COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In ye					R 24 HRS.
Male	White	WIDOW	ED DIVORCED		10-10-96			yrs.	Manths	Days	Haurs	Min.
100. USUAL OCCUPATION	(Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar foreign o	country)		12. CIT	IZEN OF	WHAT	OUNTRY?
during most of working Carpent			arpentering		Pennsylv	ania.			1	USA		
13. FATHER'S NAME	ET	1 0.	arpendering		4. MOTHER'S MAIDEN							
7	M	. 7		- 0	Jane (?)							
IS. WAS DECEASED EVER I	eph Trom		SOCIAL SECURITY NO	17 INFO				Addre	155			
	res, give war or dates of s	ervice)					T		10.70		2.0	
Yes	WW-I		unknown	Hos	pital Reco	rds,	VAH, P	eri	cy P			
			ne far (a), (b), and (c).]							ONS	ET AND	DEATH
PART I. DEATH	WAS CAUSED BY:) My	rocardial i	nfar	ction, old	& re	cent				2 da	ys_
1720	DUE TO											
Conditions, if any	which /	A	rterioscler	otic	heart dis	ease				91.5		
gave rise ta imm												
lying cause last.	under-	-1										
Z PART II. OTHER		,	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION	GIVE	N IN PAI	RT 1(a) 1	9. WAS	AUTOPSY
CATIO			eriosclero								YES T)KWED?
PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in	Part I or Po	rt II af item 18	.)				
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. I	NJURY OCCURRED 2		OF INJURY (Home, far		y ar tawn)	0.7		(Caunty)		(State)
Haur a.m.	TEA 19	While at war		factor	y, street, affice bldg., et	(c.)						
	VA	_		-	20	70 7		3.0	7 .1	2		
			ded the deceased fi									
	XXXXXXXXXXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	hat dea	th occurred at 14	HO. Mram	the cause	and	d an th	e date		
22a. SIGNATURE	P	111	1011		ATTENDING	AED.	STAFF				22	b. DATE SIGNED
4	the state of	40	res	M.E), PHYS.	IRECTOR [PHYS.				1-	17 - 61
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS							
	I. L. GAE	EY	Clinical 1	Pathe	ologist, V	.A. Ho	spital		Perr	y P	oint	, Md.
23a. BURIAL, CREMATION,	23b. DATE THERE	OF.	23c. NAME OF CEMET				ATION (City, to				(Sta	
REMOVAL (Specify)	1/18/	196	Unk	nown		Co	onnells	ive	lle.	Pa		
24. FUNERAL DIRECTOR'S	SIGNATURE /	101	ADDRESS		25a. REC	D BY REGIS			TRAR'S S			
Penningto	n/ & 800	Ha	vre de Grad	e, Md		AN 20		1	Thun &	? Kras	4.4	
Jerry	Im Jan				DAIE	MII Z						

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-	MARYLAND STATE DEPARTMENT OF HEALTH
oou	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

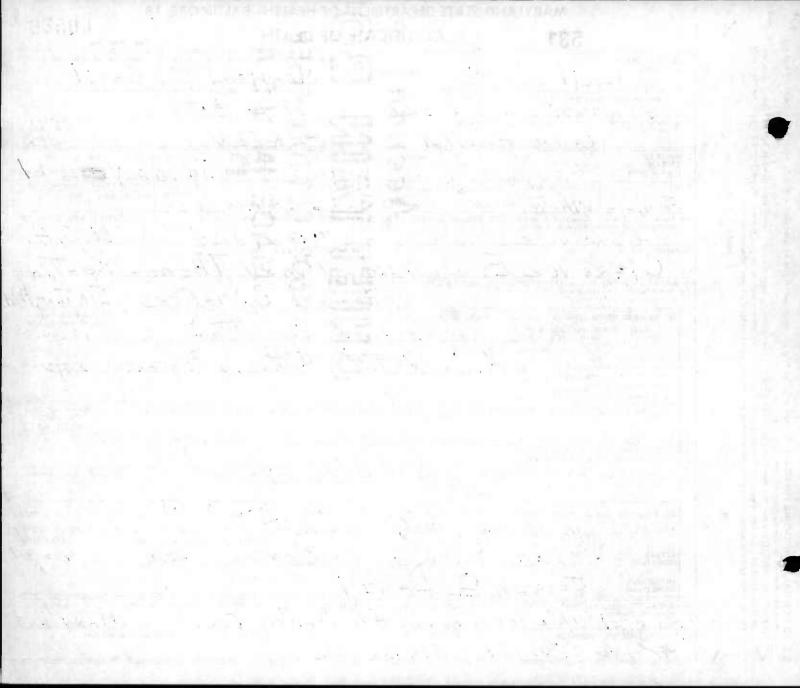
) J U	DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS	- BALTIMORE	1
		CE	RTIFICATI	E OF D	EATH	

	CERTIFICA	TE OF DEATH				109	:28
1. PLACE OF DEATH o. COUNTY Cedil	MARYLAND	2. USUAL RESIDENCE (WI		. If institutio b. COUNTY	n: Residence	before adm	nission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporate lis	mits, write RL	JRAL and giv	e nearest to	wn)
RURAL and give nearest town) Perry Point	8 days	Fairf	ax			73	X - 3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	1	AN IN		e. IS F	RESIDENCE
Veterans Administration	Hospital	200 Cour	t Street			YES	Du Mario
3 NAME OF First	Middle	Last	4. DATE	Mant	h	Day	Year
(Type or print) HAYWOC	D A.	TURNER	OF DEATH	Jan	uary	13	19 61
S. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AC	E (In years	IF UNDER 1		
Male White WIDOW	ED DIVORCED	12-15-98		t birthday) 2 yrs.	Manlhs D	ays Hau	rs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU			-	12. CITIZE	N OF WHA	TCOUNTRY?
during most of working life, even if retired) Watchman	Unknown	Virgini	0		TI	SA	
13. FATHER'S NAME	UILLIOWIL	14. MOTHER'S MAIDEN		-		J.A.	
Dan Marana (100		Name Ca		12	15000		
	social security No. 17. II	NFORMANT	rpenter	Addr	ased)	-	
(Yes, no, or unknown) (If yes, give war or dates of service)		TT 11 7 70	2 27		-		262
		Hospital Rec	ords, VA	H, Pe	rry P		BETWEEN
IB. CAUSE OF DEATH [Enter only one cause per I		hilotomol	unnegel	wed		ONSET A	DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bro	ucnopueumonia	, bliateral,	unresor	veu		O Da	yo
DUE TO		77	2			0 16-	
IDI.	onic Congesti	ve Heart Fai	lure			8 Mo	ntns
gave rise to immediate cause (a), stating the under-						TT1	
	onic Emphysem					Unkn	
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU'	T NOT RELATED TO THE TERM	INAL DISEASE CON	ADITION GIV	EN IN PART	FER	REORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af	item 1B.)			
20c. TIME OF INJURY Manth, Doy, Year Addition of the Manth of the Mant	Nat while fa	ACE OF INJURY (Hame, form ictory, street, office bldg., et		wn)	(Co	unty)	(Stote)
21. I certify that XXX (this should on atten	ded the deceased from.	January 5 19	61 . to Jar	uary	131%1:	x x bex x	Mackine wind
xawxikecdekeoxed xxivexxx x x x x x x x					-		
22o. SIGNATURE			TONE THE SE		I Nem	7.00	22b. DATE
a.L. Moon	1011/	M.D. ATTENDING	AED. ST.	AFF IYS. 🏊		1-1	13-61
22c. PHYSICIAN'S		22d. ADDRESS		1416			
NAME (Type) A. L. MOONEY	Asst. Clinica	l Pathologis	t.VAH.Pe	rry Po	oint.	Mary	land
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION				State)
DREMOVAL (Specify)		n National		gton,		inia	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR		STRAR'S SIGN		
() . (/							
Penningtone Sen Hav	re de Grace.	Md. DATE J	AN 20'61		72 cm 8.	Tracea	

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certificate

VS ATS (4) TSM 9/S8



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 532MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	•. COUNTY Cecil MARYLAND	e. STATE Md. b. COUNTY Cecil					
/	b. CITY OR TOWN (if outside corporate limits, write that and give neerest town) 3 hrs	c. CITY OR TOWN (If outside corporete lim North East R. I	its, write RURAL end give neerest town)				
A	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Union Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO				
		illiams, Sr. DEATH	Month 1 12 19 61				
	M WIDOWED DIVORCED	Dec. 22 1905 5 5	yrs. Months Days Hours Min.				
_	100. USUAL OCCUPATION (Give kind of work of Job. KIND OF BUSINESS OR INDUSTRY of Business of Working life, even if refired) Road Road Road	ash Co. M. C	12. CITIZEN OF WHAT COUNTRY?				
	TO FATHER'S NAME AS WAS DECEASED EVER BY IS A PLANED EDUCES? LIA SOCIAL SECURITY NO. 17 Y	14. MOTHER'S MAIDEN MARKE	riller				
	(Yes, of or unkown) (Ifyes give war or dates of service) 239 22-05	198 John A Hill	liams Elkton Md.				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: Crushed right	side of thorax	INTERVAL BETWEEN ONSET AND DEATH				
1	Conditions, if eny, which (b)						
gava rise to immediate cause (e), stating the underlying cause lest. DUE TO (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (E PRIMARY OF CONTRIBUTING ROUTE 40 ROUTE 40 ROUTE 40 ROUTE	T RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
9	206. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING ROUTE	inter natura of injury in Part I or Part II of item 18. ar in back of truck					
0		CE OF INJURY (Home, farm, ory, street, office bldg., atc.)					
1	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection 3	Inquiry X, and in my opinion				
d	death resulted from: Natural causes, Accident Suici	ide, Homicide, Undetermi	ned manner				
į	ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED				
-	EXAMINER'S R.C. Dodson	Address (Street, city, town, or county)	1-13-61				
	220. BURIAL GREMATION 22). DATE THEREOF 122c. NAME OF CEMETERY OR REMOVAL (Specify) 22h. DATE THEREOF 12c. NAME OF CEMETERY OR	crematory 22d. LOCATION (Cit	y, town, or country) (State)				
	23. FUNERAL DIRECTOR Bailey Larling	tor DATE JAN 1 9 '61	b. REGISTRAR'S SIGNATURE				
7		11/	and the second				

please execute the certificate, writing the word 'pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral crector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or ris designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. necessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del VS. A15ME 5M 7/59

Marie Company Line a state of the seal of Paul Milland, Er. et al. 12 Louis ristors to the day in body of the letter All field lead to to to to the field to the 2 2 20 g = 32/19994 F

	=	PLACE OF DEATH			OF DEATH	CE (Where dacassed lived, I	f institution. Pasidance	a bafore admission)
BA	11.	a. COUNTY Cec	17		a. STATE Md.	1 001		a pajoro damission,
IAI	ノー	b. CITY OR TOWN (if ou	tside corporata limits.	maryland c. LENGTH OF STAY IN 1b		If outside corporata limits, wr		nearast town)
		Elkton I	naarest town)	1. week	Chear	meske City,	Md.	
11		d. NAME OF HOSPITAL	OR INSTITUTION (if not	in hospital, giva straet addrass)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
38	5	Union Ho						YES NO
	3.	NAME OF DECEASED (Type or print)		. Wooleyhan	Last	4. DATE Mor	/20/	Yaar 196 <u>7</u> -
	5.	SEX 6.	COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday	Months Days	Hours Min.
	-		IT Late U C		Oct.31/1886	74 yrs.		F WHAT COUNTRY?
		ona during most of working	g life, even if ratired)	10b. KIND OF BUSINESS OR INDUST		nty & State, or toraign countr	7) 12. CITIZEN O	P WHAT COUNTRIT
	1	Retired F	armer		Md.	NAME		
I),,	ber .	. INT 7		==			
	1	JOSED.	h Wooleyha	116. SOCIAL SECURITY NO. 17.	210 200	ord Addre	SS	
		as, no, or unkown) (Ifyes		•)		-bo- Middle	Do 7	
	-	18. CAUSE OF DEA	TH [Enter only one caus	e per line for (a), (b), and (c).]	TRat. MOOME?	rhan, Middlet	- INT	ERVAL BETWEEN
		PART I. DEATH W	AS CAUSED BY:	Cardio- Vaseu	lar Failure	2	ON	15 min.
		5181	DUE TO	Massive Empye				7 week
		Conditions, if any, v		massive mubbe	iled (1100)	owne)		
		gava risa to immadiata (a), stating tha unda	DITE TO	Brohcho-Pleur	a Fistula	(Rt, Upper	Lobe)	over 1 W
		ceusa last.) (c)	S CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TERM	INAL DISEASE CONDITION O	IVEN IN DAPT 1(a) 1	O WAS ALITOPSY
3	CATION		1 5			itis Massiv		PERFORMED?
Ch		Lung Ab		t. Upper Lobe)			5	ILS AL NO D
	CERTIFI	OR CONTRIBUTING []	CAUSE OF DEATH					
		20c. TIME OF INJURY	Month, Day, Jaa	20d. INJURY OCCURRED 20a. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(County)	(Stata)
	WEDICAL	Hour a.m.	/10/	While Not Whila fa	ctory, street, office bldg., etc	c.)		
	1	21. I certify that	1 19	attended the deceased from	Jan. 19	19.61 to Jan. 19	19.67	hat (I) (we) last
	25/1	saw the deceased	Tank	19/ 19 61 and the	t death occured at	9 MOPM the cause	s and on the da	ate stated above.
- 10		22a. SIGNATURE	1/ - 1/	M.	ATTENDING_	MED. STAFF	Jan.	23.1960
- 10	- 10	/	mist.	wra	M.D. PHYS.	DIRECTOR PHYS.]	يد الربيدة الربيدة
1		22c. PHYSICIAN'S NAME (Type)	Luis M. C	uza	Cecil	Ave. North	East, M	d.
1								
1	_		Land Park Williams	LOS MANE OF COMPTERN	OR CREMATORY	224 LOCATION (City	town or county)	
1	<u>=</u>	a. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,		(State)
		a. BURIAL, CREMATION REMOVAL (Specify) BUT 19] FUNERAL DIRECTOR'S	1/24/67	TOWNSOND Address // 4	Cemetery	Townsond City, By REGISTRAR 25b.	Del.	

(and . and) - ordered arisement An am side of the same of the Market Crowney was a series of the series of teeth we may in easily, it.